



PIMS

**PATIENT INFORMATION
MANAGEMENT SYSTEM**
(formerly MAS)

TECHNICAL MANUAL

Version 5.3

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Department of Veterans Affairs
Technical Services
Management Information Products Group

Preface

The PIMS Technical Manual is comprised of discrete sections which detail various technical characteristics of the DHCP PIMS software product. This manual was produced by the Albany Information Resource Management Field Office to provide necessary information for use in the technical operation of the PIMS software. It should be noted that this manual is intended for use by technical computer personnel and is not designed for use by the typical end user.

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Introduction

The DHCP PIMS package provides a comprehensive range of software supporting the administrative functions of patient registration, admission, discharge, transfer, appointment scheduling, and beneficiary travel. Its functions apply throughout a patient's inpatient and/or outpatient stay from registration, eligibility and Means Testing through discharge with on-line transmission of PTF (Patient Treatment File) data and/or OPC (Outpatient Clinic) data to the Austin Automation Center (AAC). The ADT module aids in recovery of cost of care by supplying comprehensive PTF/RUG-II options and Means Test options.

The ADT and Scheduling modules of PIMS are fully integrated with the VA FileMan, thus allowing ad hoc reports to be extracted by non-programmer personnel. ADT is integrated with Version 2.1 of the Fee Basis software allowing Fee personnel to register patients through a select Fee option.

Related manuals include the PIMS User Manual, the PIMS Release Notes which describe version specific changes to the PIMS package, and PIMS Installation Guide.

Several features have been designed into the PIMS package to maximize efficiency and maintain control over user access of specified sensitive patient records. The Consistency Checker reduces entry of inaccurate information by warning the user about incompatible or missing data. The Patient Sensitivity function allows a level of security to be assigned to certain records within a database in order to maintain control over unauthorized access. The Patient Lookup screens user access of these sensitive records, as well as providing for more efficient and faster retrieval of patient entries.

Tracking and calculation of data is performed transparently by the system to provide a variety of reports which assist in day-to-day operations as well as provide management with the necessary information to analyze workload and promote quality of care. Highlights include the following.

- Automation of the Daily Gains and Losses Sheet and Bed Status Report
- Inpatient Listings
- Seriously Ill Listings
- Bed Availability Reports
- AMIS Reporting
- Disposition Reporting

- Incomplete Records Tracking (IRT)
- Generic code sheets for reporting AMIS segments
- Automation of Appointment Status Update

With v2.5 of Order Entry/Results Reporting, OE/RR notifications for PIMS may be displayed for admissions, death discharges, deaths, and unscheduled (1010) visits. The notifications (ADMISSION, DECEASED, and UNSCHEDULED (1010) VISIT) will be displayed for patients who are defined as members of a list in the OE/RR LIST file (#100.21). The recipients of the notifications would need to be defined as users in the same OE/RR LIST entry. The notifications will appear as "alerts" when the user is prompted to select an option from a menu. Please refer to the documentation for Order Entry/Results Reporting for more information concerning OE/RR notifications.

Primary Care Management Module (PCMM)

The Primary Care Management Module was developed to assist VA facilities in implementing primary care. It will support both primary care teams and non-primary care teams. PCMM's functionality is divided into eight areas.

1. Setup & Define Team
2. Assign Staff to Positions in Teams
3. Assign Patient to Team
4. Assign Patient to Practitioner via Team Position and Enroll in a Clinic
5. Reports/Outputs/Mail Messages
6. Tools to Ease Startup Process of Primary Care
7. Other Changes to Scheduling Package
8. Application Program Interface (API) calls

The PCMM release will use a Graphical User Interface (GUI) to control the startup, setup, and assignment functions. To use the functionality in the PCMM, a site will need a Microsoft Windows™ workstation which has a connection to DHCP (either LAN or serial connection) for each location where a patient or staff member is assigned to a team. A typical site will want one workstation for each team, one for the MAS ADPAC, plus one for the manager in charge of primary care. Existing Scheduling functionality will continue to be useable from "roll and scroll" terminals.

Orientation

The PIMS Technical Manual has been divided into major sections for general clarity and simplification of the information being presented. This manual is intended to be a reference document. While the user is free to review the document from cover-to-cover, it is best used by selecting specific sections which contain the information sought for a particular need.

Information concerning package security may be found in the Security section of this manual.

Note to Users With "QUME" Terminals

It is very important that you set up your Qume terminal properly. After entering your access and verify codes, you will see the following prompt.

```
Select TERMINAL TYPE NAME: {type} //
```

Please make sure that C-QUME is entered here. Once you enter this, it will become the default and you can then enter <RET> for all subsequent log-ins. If any other terminal type configuration is set, options using the List Manager utility (such as Appointment Management and Scheduling Parameters) will neither display nor function properly on your terminal.

General Information

Namespace Conventions

The namespaces assigned to the PIMS package are DG, DPT, SD, SC, and VA.

Background Job Options

| <u>OPTION NAME</u> | <u>SUGGESTED RUN FREQUENCY</u> | <u>DEVICE REQUIRED</u> | <u>REMARKS</u> |
|-------------------------------|------------------------------------|----------------------------|---|
| DG G&L RECALCULATION AUTO | Nightly | NO | Recommended to run @ 9PM |
| DGJ IRT UPDATE (BACKGROUND) | Nightly after midnight | NO | Schedule in TaskMan |
| DG PTF BACKGROUND JOB | Nightly | NO | Run during off-hours |
| DG RUG BACKGROUND JOB | Daily | YES | |
| DG RUG SEMI ANNUAL - TASKED | * | YES | *Queued in advance to run on 10/1 and 4/1 |
| SCDX AMBCAR NIGHTLY XMIT | Nightly | NO | Collects work-load information and sends it to NPCDB in Austin via HL7 messages |
| SDAM BACKGROUND JOB | Nightly | NO | May be run with or without OPC generation option |
| SDCRSSDAU | Nightly | NO | Automatically runs nightly |
| SDOQM PM NIGHTLY JOB | As directed | YES | Suggested run time @ 2AM |
| VAFED EDR PROCESS EVENTS | Nightly | NO | After midnight |

E-Mail Notifications

Below is a list of the E-Mail notifications associated with the utilization of options in PIMS V. 5.3 listed in alphabetical order by option name.

| <u>OPTION</u> | <u>SUBJECT</u> | <u>ROUTINE</u> |
|---|---|--|
| 099 Transmission | PTF 099 099 Transmission for Census Record | DGPTF099 DGPTF099 |
| 099 Transmission for Census Record | PTF 099 | DGPTF099 |
| Any option where a look-up on a sensitive patient record occurs and the user does not hold the DG SENSITIVITY security key. | Restricted Patient Record Accessed | DGBUL (called by DGSEC) |
| Any Scheduling option that involves patient appointments. | Means Test Required | DGMTREQB |
| Admit a Patient | Building Management Future Activity Scheduled (includes scheduled admissions on file and waiting list entries) UR Admission Bulletin New Patient Added to System Non-Veteran Admission Veteran Admission Without Verified Eligibility Inpatient Admission for {name} | DGPMVBM DGPMVBUL DGPMVBUR DG PATN DGPMVBUL DGPMVBUL SCMCPM |
| AMIS 401-420 Reports | Pending/Open Dispositions | DGA4003 |
| Appointment Management | Late OPC Related Activity | SDAMEVT1 |
| Appointment Status Update | No Action Taken Appointment Update | SDAMQ1 |
| Appointment Status Update (Background job) | No Action Taken Appointment Update | SDAMQ1 |
| Automatic Stop Code Entry | Stop Code Background Errors | SDSTP1 |

| <u>OPTION</u> | <u>SUBJECT</u> | <u>ROUTINE</u> |
|--------------------------------------|---|--|
| Auto-recalculation of G&L Statistics | Auto recalc Start/Finish Bulletin | DGPMBSAB |
| Check-in Lodger | Building Management | DGPMVBM |
| Check-In Unscheduled Visit | Late OPC Related Activity | SDAMEVT1 |
| Collateral Patient Register | Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change | DGRPCB DGPATN DGPATN DGPATN DGPATN |
| Death Entry | Patient Has Expired | DGDEATH |
| Discharge a Patient | Building Management Patient Has Expired Inpatient Discharge for {name} | DGPMVBM DGDEATH SCMCPM |
| Edit Clinic Enrollment Data | Enrollment Patient-Clinic Enrollment for {name} | SCMCCON |
| Eligibility Verification | Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change | DGRPCB DGPATN DGPATN DGPATN DGPATN |
| Extended Bed Control | Building Management Patient Has Expired Inpatient Admission for {name} Inpatient Discharge for {name} Inpatient Transfer for {name} | DGPMVBM DGDEATH SCMCPM SCMCPM SCMCPM |
| Gains and Losses (G&L) Sheet | Transmit Overdue Absence | DGABUL (called by DGPMGL1) |

General Information

| <u>OPTION</u> | <u>SUBJECT</u> | <u>ROUTINE</u> |
|--|---|--|
| Generate OPC File | Corrupt Entry in Means Test File found in OPC Generation Generate OPC File Statistics Summary Inconsistent Dependent Info Found in OPC Generation | SDOPC0 SDOPC SDOPC0 |
| IRT Update Std. Def. Background Job | Patients Discharged Less than 48 hours | DGJBGJ |
| IRT Update Std. Deficiencies | Patients Discharged Less than 48 hours | DGJBGJ |
| Load/Edit Patient Data | Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change Embossers (on hold status) Embosser Error | DGRPCB DGPATN DGPATN DGPATN DGPATN DGQEMP DGQEMP |
| Lodger Check-out | Building Management | DGPMVBM |
| Make Appointment | Late OPC Related Activity | SDAMEVT1 |
| Make Consult Appointment | Enrollment Patient-Clinic Enrollment for {name} Appointment Patient-Clinic Appointment for {name} | SCMCCON SCMCCON |
| OPC Delete Visit Code Sheet Generate/Transmit | <Station#> OPC DEL Code Sheet Inconsistent Dependent Info Found in OPC Generation | SDOPCDEL SDOPC0 |
| Pending/Open Disposition List | Number of Pending Dispositions Found | DGA4003 |
| Primary Eligibility ID Reset (All Patients) | Reset Primary Eligibility ID Format | VADPT61 |
| PTF Transmission | PTF Record Reopened PTF Transmission PTF Transmission Statistics Summary | DGPTFTR3 DGPTFTR DGPTFTR3 |

| <u>OPTION</u> | <u>SUBJECT</u> | <u>ROUTINE</u> |
|--|--|--|
| Purge Appointment Status Update Log File | Appointment Status Update Log Purge | SDAMLD |
| Purge Special Transaction Request Log | Purge PTF Special Transaction Log | DGPTRPO |
| Regenerate Census Workfile | Census Workfile Update | DGPTCR |
| Register a Patient | Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change | DGRPCB DGPATN DGPATN DGPATN DGPATN |
| Reset All IDs For All Patients | Reset All ID Formats For All Patients | VADPT61 |
| Specific Eligibility ID Reset (All Patients) | Reset Specific Eligibility ID Format | VADPT61 |
| Specific ID Format Reset | Reset ID Format | VADPT61 |
| Switch Bed | Building Management | DGPMVBM |
| Transfer a Patient | Building Management | DGPMVBM |
| Transmission of OPC Data | OPC Data, Message # <#> OPC Transmission Statistics Summary | SDTRAN1 SDVADAT SDTRAN4 |
| Transmission via VADATS | Rug-II Transmission, Message # <#> | DGRUGDR |
| Transmit Census Records | Census Transmission Census Transmission Statistics Summary Census Record Reopened | DGPTFTR DGPTFTR3 DGPTFTR3 |
| Transmit/Generate Release Comments | MAS V <#> Installation, <site> | DGVREL2 |
| Validity Check of PTF Record | <Patient Name> PTF Transmission | DGPTFVC |

E-Mail Notifications Generated by Background Job Options

| <u>BULLETIN</u> | <u>SUBJECT</u> | <u>ROUTINE</u> |
|----------------------------------|--|----------------|
| DGQE PHOTO CAPTURE | Transmission of data to photo | DGQEHL70 |
| SCDX AMBCARE TO NPCDB SUMMARY | Transmission of data to NPCDB Completed | SCDXMSG |
| SDOQM DATA CAPTURE | Access PM Extract from {site name} | SDOQMP |
| SDOQM PM EXPIRATION | PM Extract Expiration | SDOQMP0 |

Integrity Checker

PIMS uses the KIDS integrity checker. Under the installation option of the Kernel Installation Distribution System menu, select Verify Checksums in Transport Global to ensure that the routines are correct.

SACC Exemptions/Non-Standard Code

The following are the steps you may take to obtain the SACC exemptions for the PIMS package.

1. FORUM
2. DBA Menu
3. SACC Exemptions Menu
4. Display Exemptions for a Package Option
5. Select SACC Exemptions package: ADT
SD

Resource Requirements

Algorithms

65.1 ADT TU
 (#101.2/13,750)
 (Patients Treated/13,750)

| | |
|------|--|
| 65.2 | ADT DISK $(\#101.2/1000) + (\#14.11/10)$ (Patients Treated/1000) + (Wards/10) |
| 66.1 | REG TU $\text{MAX}(\#14.2/125,000, .04)$ (Applications/125,000) (minimum .04) |
| 66.2 | REG DISK $\text{MAX}(\#14.2/200, 1)$ (Applications/200) (minimum 1 MB) |
| 67.1 | SCH TU $\#103/215,000$ (Outpatient Visits/215,000) |
| 67.2 | SCH DISK $(\#14.42*12) + (\#103*1.7)/1000$ $((\text{Clinics}*12) + (\text{Outpatient Visits}*1.5)/1000)$ |
| 64.1 | PTF TU $\$S(\#101.2:\text{MAX}(101.2/65,000, .05, 1:0))$ (Patients Treated/65,000) (minimum .05) |
| 64.2 | PTF DISK $(\#101.2/1700)$ (Patients Treated/1700) |

PCMM uses the following globals: ^SD, ^SCPT, ^SCTM, ^SCRS.

It is not anticipated that the PCMM files will make a significant impact on disk space usage.

Implementation and Maintenance

The PIMS package may be tailored specifically to meet the needs of the various sites. Instructions may be found in Volumes I and II of the User Manual under Sections 11 (Supervisor ADT) and 6 (Supervisor) respectively. A variety of options are included in these sections allowing each site to define its own configuration. The ADT portion of the PIMS package will function around the parameters defined through the MAS Parameter Entry/Edit option while the Scheduling portion parameters are defined through the Scheduling Parameters option. A great many other options are included in these Supervisor Sections which assist in site configuration and maintenance functions. Among them are options which allow for specification of mail groups to receive certain bulletins, definition of devices, designation of transmission routers, entry/edit of Means Test data, ward set-up, and clinic set-up. All configurations may be modified at any time as the site's needs change.

The SCHEDULING PARAMETERS file (#404.91) may be used to modify the behavior of PCMM. The USE USR CLASS FUNCTIONALITY? field (#801) can be used to turn on/off the user class functionality provided by the Authorizations/Subscriptions software. This functionality allows certain staff members/users (especially clinicians) to be classified in a very specific manner (e.g., cardiologist), and yet the software can determine that the staff member is a member of a more general class (e.g., provider). If a site has A/S installed prior to the PCMM installation, PCMM will default to use the user class functionality. Sites that have not populated the USR CLASS MEMBERSHIP file (#8930.3) for their potential team members should have this parameter set to NO. Sites that have fully populated this file should set this parameter to YES because the assignment of staff members to teams will be less error-prone and faster than the unscreened selection from the NEW PERSON file (#200).

The CHECK PC TEAM AT DISCHARGE? field (#802) can be used to turn off the PCMM functionality which, upon inpatient discharge, checks the patient's primary care assignments. If the patient has current primary care data, it is displayed. If the patient does not have a current primary care team assignment, the user will be prompted to assign the patient to a primary care team.

The ENABLE AUTOLINK FUNCTIONALITY? field (#803) should be turned off until OE/RR is installed. Although there is no harm in allowing users to add/edit autolink data, this will not be usable until OE/RR is installed. The autolink functionality was added for use by OE/RR teams.

Eligibility ID/Maintenance Menu

The Eligibility/ID Maintenance Menu provides the options needed to accommodate VA/DOD sharing agreement requirements with regard to Patient Identification Number. For most medical centers, the PT ID will be the social security number of the patient and the SHORT ID will be the last four digits of the patient's social security number. For those sites with DOD sharing agreements using VA/DOD software developed by the Dallas ISC, the PT ID will be determined by the ID number given that patient by the military.

For most sites, each eligibility simply needs to be associated with the VA STANDARD format. This association was first accomplished during the post-init of MAS v5.0.

Other than The Primary Eligibility ID Reset (All Patients) option, the remaining six options would only be used by DOD sites using VA/DOD software developed by the Dallas ISC. They should not be run without Central Office and/or DOD approval/direction. Please contact your local ISC for guidance if you feel your site needs to utilize these options.

Below is a brief description of each option and its utilization.

PRIMARY ELIGIBILITY ID RESET (ALL PATIENTS) - This option will set/reset the IDs associated with each patient's primary eligibility code. This utility will be called when first installing the new eligibility data structure. It will run automatically as part of the MAS clean-up routine process. The option can be executed multiple times with no harmful effects. It should be run during non-peak hours, preferably over a weekend. A MailMan message will be sent to the user when the job is completed showing the start and completion date/time.

ELIGIBILITY CODE ENTER/EDIT - This option allows the user to enter/edit eligibility codes used by the site. It should be run for all **ELIGIBILITY** file entries to associate each entry with an **MAS Eligibility code** and an **Identification Format**. An example of utilizing the option follows. User responses are shown in boldface type.

```
Select ELIGIBILITY CODE NAME:  MARINE CORPS
      ARE YOU ADDING 'MARINE CORPS' AS A NEW ELIGIBILITY CODE (THE 5TH)?      YES
      ELIGIBILITY CODE MAS ELIGIBILITY CODE:  OTHER FEDERAL AGENCY      4
NAME: MARINE CORPS//  <RET>
ABBREVIATION:  MC
PRINT NAME:  MARINE CORPS      (Enter abbreviated Eligibility Code name for
                                output in limited space)
INACTIVE:  <RET>      (Null response for active; 1 - YES for inactive)
MAS ELIGIBILITY CODE: OTHER FEDERAL AGENCY//  <RET>
ID FORMAT:  DOD
AGENCY:  ARMY
Select SYNONYM:  <RET>
```

ID FORMAT ENTER/EDIT - This option allows the user to enter/edit Identification formats with description.

RESET ALL IDS FOR A PATIENT - This option is used to reset the corresponding IDs for all eligibilities for a single patient. The patient's eligibilities will be listed as the ID is reset. This utility would be used if, for some reason, a patient's ID got corrupted.

RESET ALL IDS FOR ALL PATIENTS - This option resets all IDs corresponding to each of the patient's eligibilities. The option should be executed during non-peak hours. When the job is completed, a MailMan message will be generated to the user showing the start and completion date/time.

SPECIFIC ELIGIBILITY ID RESET (ALL PATIENTS) - After prompting for an eligibility code and queue-to-run time, this option will update the IDs for all patients having the selected eligibility. This utility would allow a site to update their database with the new value if the ID FORMAT field in the **ELIGIBILITY CODE** file changed. The option should be run during off hours. When the job is completed, a MailMan message will be generated to the user showing the start and completion date/time.

SPECIFIC ID FORMAT RESET - This option prompts for an ID format; then, all patients that have eligibility codes associated with that ID format will have their IDs reset. The utility allows sites to update their database if the DEFAULT LONG ID VALUE CODE field in the IDENTIFICATION FORMAT file was modified. This option should be executed during off hours. When the job is completed, a MailMan message will be sent to the user showing the start and completion date/time.

Station Number (Time Sensitive) Enter/Edit (D ^VASITE0)

The STATION NUMBER (TIME SENSITIVE) file (#389.9) is used to hold the time sensitive station number data. This file was initially populated by the post init routine for MAS v5.2. One entry was created for each medical center division with an effective date of Jan 1, 1980. It is not necessary to modify this data unless the station number for a division changes or a new division is added. Entering a new medical center division name through the Supervisor ADT Menu of the ADT module of PIMS will automatically create a new entry in this file. New divisions may not be added through this routine entry point.

The Station Number (Time Sensitive) Enter/Edit routine entry point is used to change an existing station number or enter a new station number for a new division. If you are changing a station number for a division, you should enter a new effective date and the new station number for that division. Once a new division has been added, you should select the new division and enter the effective date and new station number. The IS PRIMARY DIVISION field should be set to YES for the division where the station number has no suffix. Only one division may be primary at any given time.

NOTE: In MAS v5.2, VA Station Number Maint. option was available to enter new and edit old division station numbers. A few sites used this option inappropriately which could have caused OPC and PTF data transmission problems. Since site facility numbers rarely change, it was decided to remove this option. The functionality is available by running the ^VASITE0 routine while in programmer's mode.

Routines

Routines To Map

It is recommended that the following be mapped:

DG10*, DGDEP*, DGINP, DGINPW, DGLOCK*, DGMTA*, DGMTCOR, DGMTCOU*, DGMTDD*, DGMTE*, DGMTP*, DGMTR, DGMTSC*, DGMTU*, DGMTX*, DGPMBS*, DGPMDD, DGPMDD1, DGPMDD2, DGPMDDCN, DGPMGL*, DGPMLOS, DGPMSTAT, DGPMV*, DGPTF, DGPTF1, DGPTF2, DGPTF4*, DGPTFD, DGPTFJ, DGPTFTR, DGPTICD, DGPTR*, DGPTSU*, DGPTTS*, DGREG*, DGRP*, DGSEC, DGUTL, DPTDUP, DPTLK*, SCAP*, SCUTBK*, SCMCT*, SDACS*, SDAM*, SDAMBAE*, SDCO*, SDDIV, SDM*, SDROUT*, SDUL, SDVSIT*, SDXACS*, VADPT*, VAFEDCAP, VAFEDG, VALM, VALM0, VALM00, VALM1, VALM10, VALM11, VALM2, VALM4, VALM40.

Also map the routines generated by compiled templates:

DGJX*, DGPMX*, DGPTX*, DGRPTX*, DGRPX*, SDAP*, SDAMXOE*, SDBT*, SDM1T*, SDX*.

Callable Routines

| | |
|---------------------|---|
| \$\$INSTPCTM^SCAPMC | Institution & team for pt's pc team |
| \$\$PRCL^SCAPMC | Practitioners for a Clinic |
| \$\$PRPT^SCAPMC | Practitioners for a Patient |
| \$\$PRTM^SCAPMC | Practitioners for a Team |
| \$\$PTTM^SCAPMC | Patients for a Team |
| \$\$\$SITE^VASITE | Obtain Station Number Information |
| \$\$TMPT^SCAPMC | Teams for a Patient |
| DGINPW | Obtain Inpatient Status |
| DGPMLOS | Obtain Length of Stay by Admission |
| EN3^SDACS | Add Stop Codes/CPT Codes |
| SDUTL3 | Utility to enter and view primary care fields |
| VACPT | Display CPT Copyright Info |
| VADATE | Generic Date Routine |
| VADPT | Obtain Patient Information |
| VALM | List Manager |
| VAFMON | Obtain Income or Dependent Information |
| VATRAN | Establish VADATS Transmission Variables |
| VATREDIT | Enter/Edit TRANSMISSION ROUTERS File |
| VAUQWK | Quick Lookup for Patient Data |
| VAUTOMA | Generic One, Many, All Routine |

See the Package-Wide Variables section of this manual for entry points.

Compiled Template Routines

It is recommended you recompile the following templates at 4000 bytes.

Input Templates

| <u>FILE #</u> | <u>TEMPLATE NAME</u> | <u>ROUTINES</u> |
|---------------|---------------------------|-----------------|
| 2 | DG CONSISTENCY CHECKER | DGRPXC* |
| | DG LOAD EDIT SCREEN 7 | DGRPXX7* |
| | DGRP COLLATERAL REGISTER | DGRPXC* |
| | DGRPT 10-10T REGISTRATION | DGRPTXE* |
| | SDM1 | SDM1T* |
| 40.8 | DGTS | DGXTS |
| 44 | SDB | SDBT* |
| 45 | DG PTF CREATE PTF ENTRY | DGPTXC* |
| | DG PTF POST CREATE | DGPTXCA* |
| | DG 101 | DGPTX1* |
| | DG 401 | DGPTX4* |
| | DG 501 | DGPTX5* |
| | DG 501F | DGPTX5F* |
| | DG 701 | DGPTX7* |
| 45.5 | DG PTF ADD MESSAGE | DGPTXMS* |
| 393 | DGJ EDIT IRT RECORD | DGJXE* |
| | DGJ ENTER IRT RECORD | DGJXA* |

| <u>FILE #</u> | <u>TEMPLATE NAME</u> | <u>ROUTINES</u> |
|---------------|--------------------------------|-----------------|
| 405 | DGPM ADMIT | DGPMX1* |
| | DGPM TRANSFER | DGPMX2* |
| | DGPM DISCHARGE | DGPMX3* |
| | DGPM CHECK-IN LODGER | DGPMX4* |
| | DGPM LODGER CHECK-OUT | DGPMX5* |
| | DGPM SPECIALTY TRANSFER | DGPMX6* |
| | DGPM ASIH ADMIT | DGPMXA* |
| 408.21 | DGMT ENTER/EDIT ANNUAL INCOME | DGMTXI |
| | DGMT ENTER/EDIT EXPENSES | DGMTXE |
| | DGRP ENTER/EDIT ANNUAL INCOME | DGRPXIS |
| | DGRP ENTER/EDIT MON BENEFITS | DGRPXMB |
| 408.22 | DGMT ENTER/EDIT DEPENDENTS | DGMTXD |
| | DGMT ENTER/EDIT MARITAL STATUS | DGMTXM |
| 408.31 | DGMT ENTER/EDIT COMPLETION | DGMTXC |
| 409.5 | SDAMBT | SDXA* |
| | SDXACSE | SDXACSE* |
| 409.68 | SD ENCOUNTER ENTRY | SDAMXOE* |

Routines

Print Templates

| <u>FILE #</u> | <u>TEMPLATE NAME</u> | <u>ROUTINES</u> |
|---------------|----------------------|-----------------|
| 45 | DG PTF PT BRIEF LIST | DGPTXB* |
| 45.86 | DGPT QUICK PROFILE | DGPTXCP* |
| 409.65 | SDAMVLD | SDAMXLD |
| 409.71 | SD-AMB-PROC-DISPLAY | SDXAMB* |
| 409.72 | SD-AMB-PROC-LIST | SDXLST* |
| 409.81 | SD-AMB-RAM-DISPLAY | SDXRAM |

Compiled Cross-Reference Routines

| <u>FILE #</u> | <u>FILE NAME</u> | <u>ROUTINES</u> |
|---------------|--------------------------|-----------------|
| 45 | PTF | DGPTXX* |
| 405 | PATIENT MOVEMENT | DGPMXX* |
| 408.21 | INDIVIDUAL ANNUAL INCOME | DGMTXX1* |
| 408.22 | INCOME RELATION | DGMTXX2* |
| 408.31 | ANNUAL MEANS TEST | DGMTXX3* |

Routine List

The following are the steps you may take to obtain a listing of the routines contained in the PIMS package.

1. Programmer Options Menu
2. Routine Tools Menu
3. First Line Routine Print Option
4. Routine Selector: DG* (ADT)
SD* (Scheduling)

Files

Globals and Files

The main globals used in the PIMS package are ^DG, ^DPT, ^DGPM, ^SC, and ^SCE. The main files are PATIENT, PATIENT MOVEMENT, MAS MOVEMENT TYPE, PTF, CENSUS, WARD LOCATION, and HOSPITAL LOCATION. The PIMS Package also uses globals ^DGSL, ^DGIN, ^DGS, ^DGAM, ^DGWAIT, ^DGPR, ^DGMT, ^DGPT, ^DGM, ^DGP, ^ICPT, ^VA, ^VAS, ^DGBT, ^VAT, ^DIC, ^SCTM, ^SDASF, ^SDASE, ^SDV, ^SD, ^SDD.

Journalling of the following globals is mandatory: ^DPT, ^DGBT, ^DGPT, ^DGPM, ^SDV, ^SC, ^SCE, ^SCTM, ^SDD. Journalling of the following globals is optional: ^DGS, ^DG.

PIMS File List

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>GLOBAL</u> |
|------------------------|----------------------------|---------------|
| 2 | PATIENT | ^DPT(|
| 5 | STATE | ^DIC(5, |
| 8 | ELIGIBILITY CODE | ^DIC(8, |
| 8.1** | MAS ELIGIBILITY CODE | ^DIC(8.1, |
| 8.2* | IDENTIFICATION FORMAT | ^DIC(8.2, |
| 10* | RACE | ^DIC(10, |
| 11** | MARITAL STATUS | ^DIC(11, |
| 13* | RELIGION | ^DIC(13, |
| 21** | PERIOD OF SERVICE | ^DIC(21, |
| 22** | POW PERIOD | ^DIC(22, |
| 23* | BRANCH OF SERVICE | ^DIC(23, |
| 25* | TYPE OF DISCHARGE | ^DIC(25, |
| 30** | DISPOSITION LATE REASON | ^DIC(30, |
| 35* | OTHER FEDERAL AGENCY | ^DIC(35, |
| 37** | DISPOSITION | ^DIC(37, |
| 38.1 | DG SECURITY LOG | ^DGSL(38.1, |
| 38.5 | INCONSISTENT DATA | ^DGIN(38.5, |
| 38.6** | INCONSISTENT DATA ELEMENTS | ^DGIN(38.6, |
| 39.1* | EMBOSSED CARD TYPE | ^DIC(39.1, |
| 39.2* | EMBOSSING DATA | ^DIC(39.2, |
| 39.3 | EMBOSSER EQUIPMENT FILE | ^DIC(39.3, |
| 39.4 | ADT/HL7 TRANSMISSION | ^DIC(39.4, |
| 40.1 | OPC | ^SDASF(|
| 40.15 | OPC ERRORS | ^SDASE(|
| 40.7* | CLINIC STOP | ^DIC(40.7, |
| 40.8 | MEDICAL CENTER DIVISION | ^DG(40.8, |
| 40.9** | LOCATION TYPE | ^DIC(40.9, |

Files

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>GLOBAL</u> |
|------------------------|---------------------------------|---------------|
| 41.1 | SCHEDULED ADMISSION | ^DGS(41.1, |
| 41.9 | CENSUS | ^DG(41.9, |
| 42 | WARD LOCATION | ^DIC(42, |
| 42.4* | SPECIALTY | ^DIC(42.4, |
| 42.5 | WAIT LIST | ^DGWAIT(|
| 42.55** | PRIORITY GROUPING | ^DIC(42.55, |
| 42.6 | AMIS 334-341 | ^DGAM(334, |
| 42.7 | AMIS 345&346 | ^DGAM(345, |
| 43 | MAS PARAMETERS | ^DG(43, |
| 43.1 | MAS EVENT RATES | ^DG(43.1, |
| 43.11** | MAS AWARD | ^DG(43.11, |
| 43.4** | VA ADMITTING REGULATION | ^DIC(43.4, |
| 43.5 | G&L CORRECTIONS | ^DGS(43.5, |
| 43.61 | G&L TYPE OF CHANGE | ^DG(43.61, |
| 43.7** | ADT TEMPLATE | ^DG(43.7, |
| 44 | HOSPITAL LOCATION | ^SC(|
| 45 | PTF | ^DGPT(|
| 45.1** | SOURCE OF ADMISSION | ^DIC(45.1, |
| 45.2 | PTF TRANSFERRING FACILITY | ^DGTF(|
| 45.3* | SURGICAL SPECIALTY | ^DIC(45.3, |
| 45.4* | PTF DIALYSIS TYPE | ^DG(45.4, |
| 45.5 | PTF MESSAGE | ^DGM(|
| 45.6* | PLACE OF DISPOSITION | ^DIC(45.6, |
| 45.61* | PTF ABUSED SUBSTANCE | ^DIC(45.61, |
| 45.62 | PTF ARCHIVE/PURGE HISTORY | ^DGP(45.62, |
| 45.64* | PTF AUSTIN ERROR CODES | ^DGP(45.64, |
| 45.68 | FACILITY SUFFIX | ^DIC(45.68, |
| 45.7 | FACILITY TREATING SPECIALTY | ^DIC(45.7, |
| 45.81* | STATION TYPE | ^DIC(45.81, |
| 45.82* | CATEGORY OF BENEFICIARY | ^DIC(45.82, |
| 45.83 | PTF RELEASE | ^DGP(45.83, |
| 45.84 | PTF CLOSE OUT | ^DGP(45.84, |
| 45.85 | CENSUS WORKFILE | ^DG(45.85, |
| 45.86* | PTF CENSUS DATE | ^DG(45.86, |
| 45.87 | PTF TRANSACTION REQUEST LOG | ^DGP(45.87, |
| 45.88* | PTF EXPANDED CODE CATEGORY | ^DIC(45.88, |
| 45.89* | PTF EXPANDED CODE | ^DIC(45.89, |
| 45.9 | PAF | ^DG(45.9, |
| 45.91 | RUG-II | ^DG(45.91, |
| 47** | MAS FORMS AND SCREENS | ^DIC(47, |
| 48** | MAS RELEASE NOTES | ^DG(48, |
| 48.5** | MAS MODULE | ^DG(48.5, |
| 389.9 | STATION NUMBER (TIME SENSITIVE) | ^VA(389.9, |
| 391** | TYPE OF PATIENT | ^DG(391, |
| 391.1 | AMIS SEGMENT | ^DG(391.1, |
| 391.51 | PIMS EDR EVENT | ^VAT(391.51, |
| 392 | BENEFICIARY TRAVEL CLAIM | ^DGBT(392, |
| 392.1 | BENEFICIARY TRAVEL DISTANCE | ^DGBT(392.1, |

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>GLOBAL</u> |
|------------------------|---|---------------|
| 392.2 | BENEFICIARY TRAVEL CERTIFICATION | ^DGBT(392.2, |
| 392.3** | BENEFICIARY TRAVEL ACCOUNT | ^DGBT(392.3, |
| 392.4 | BENEFICIARY TRAVEL MODE OF TRANSPORTATION | ^DGBT(392.4, |
| 393 | INCOMPLETE RECORDS | ^VAS(393, |
| 393.1* | MAS SERVICE | ^DG(393.1, |
| 393.2* | IRT STATUS | ^DG(393.2, |
| 393.3* | IRT TYPE OF DEFICIENCY | ^VAS(393.3, |
| 393.41* | TYPE OF CATEGORY | ^VAS(393.41, |
| 403.35 | SCHEDULING USER PREFERENCE | ^SCRS(403.35, |
| 403.43* | SCHEDULING EVENT | ^SD(403.43, |
| 403.44* | SCHEDULING REASON | ^SD(403.44, |
| 403.46* | STANDARD POSITION | ^SD(403.46, |
| 403.47* | TEAM PURPOSE | ^SD(403.47, |
| 404.41 | OUTPATIENT PROFILE | ^SCPT(404.41, |
| 404.42 | PATIENT TEAM ASSIGNMENT | ^SCPT(404.42, |
| 404.43 | PATIENT TEAM POSITION ASSIGNMENT | ^SCPT(404.43, |
| 404.51 | TEAM | ^SCTM(404.51, |
| 404.52 | POSITION ASSIGNMENT HISTORY | ^SCTM(404.52, |
| 404.56 | TEAM AUTOLINK | ^SCTM(404.56, |
| 404.57 | TEAM POSITION | ^SCTM(404.57, |
| 404.58 | TEAM HISTORY | ^SCTM(404.58, |
| 404.59 | TEAM POSITION HISTORY | ^SCTM(404.59, |
| 404.91 | SCHEDULING PARAMETER | ^SD(404.91, |
| 404.92* | SCHEDULING REPORT DEFINITION | ^SD(404.92, |
| 404.93* | SCHEDULING REPORT FIELDS DEFINITION | ^SD(404.93, |
| 404.94* | SCHEDULING REPORT GROUP | ^SD(404.94, |
| 404.95* | SCHEDULING REPORT QUERY TEMPLATE | ^SD(404.95, |
| 405 | PATIENT MOVEMENT | ^DGPM(|
| 405.1 | FACILITY MOVEMENT TYPE | ^DG(405.1, |
| 405.2** | MAS MOVEMENT TYPE | ^DG(405.2, |
| 405.3** | MAS MOVEMENT TRANSACTION TYPE | ^DG(405.3, |
| 405.4 | ROOM-BED | ^DG(405.4, |
| 405.5** | MAS OUT-OF-SERVICE | ^DG(405.5, |
| 405.6 | ROOM-BED DESCRIPTION | ^DG(405.6, |
| 406.41** | LODGING REASON | ^DG(406.41, |
| 407.5 | LETTER | ^VA(407.5, |
| 407.6** | LETTER TYPE | ^VA(407.6, |
| 407.7** | TRANSMISSION ROUTERS | ^VAT(407.7, |
| 408 | DISCRETIONARY WORKLOAD | ^VAT(408, |
| 408.11* | RELATIONSHIP | ^DG(408.11, |
| 408.12 | PATIENT RELATION | ^DGPR(408.12, |
| 408.13 | INCOME PERSON | ^DGPR(408.13, |
| 408.21 | INDIVIDUAL ANNUAL INCOME | ^DGMT(408.21, |
| 408.22 | INCOME RELATION | ^DGMT(408.22, |
| 408.31 | ANNUAL MEANS TEST | ^DGMT(408.31, |
| 408.32** | MEANS TEST STATUS | ^DG(408.32, |
| 408.33** | TYPE OF TEST | ^DG(408.33, |

Files

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>GLOBAL</u> |
|------------------------|--|---------------|
| 408.34** | SOURCE OF INCOME TEST | ^DG(408.34, |
| 408.41 | MEANS TEST CHANGES | ^DG(408.41, |
| 408.42** | MEANS TEST CHANGES TYPE | ^DG(408.42, |
| 409.1** | APPOINTMENT TYPE | ^SD(409.1, |
| 409.2** | CANCELLATION REASONS | ^SD(409.2, |
| 409.3* | AMBULATORY PROCEDURE GROUPS | ^SD(409.3, |
| 409.41** | OUTPATIENT CLASSIFICATION TYPE | ^SD(409.41, |
| 409.42 | OUTPATIENT CLASSIFICATION | ^SDD(409.42, |
| 409.43 | OUTPATIENT DIAGNOSIS | ^SDD(409.43, |
| 409.44 | OUTPATIENT PROVIDER | ^SDD(409.44, |
| 409.45** | OUTPATIENT CLASSIFICATION STOP CODE EXCEPTION | ^SD(409.45, |
| 409.5 | SCHEDULING VISITS | ^SDV(|
| 409.62** | APPOINTMENT GROUP | ^SD(409.62, |
| 409.63** | APPOINTMENT STATUS | ^SD(409.63, |
| 409.65 | APPOINTMENT STATUS UPDATE LOG | ^SDD(409.65, |
| 409.66** | APPOINTMENT TRANSACTION TYPE | ^SD(409.66 |
| 409.68 | OUTPATIENT ENCOUNTER | ^SCE(|
| 409.71** | AMBULATORY PROCEDURE | ^SD(409.71, |
| 409.72* | AMBULATORY PROCEDURE TIME SENSITIVE DATA | ^SD(409.72, |
| 409.73 | TRANSMITTED OUTPATIENT ENCOUNTER | ^SD(409.73, |
| 409.74 | DELETED OUTPATIENT ENCOUNTER | ^SD(409.74, |
| 409.75 | TRANSMITTED OUTPATIENT ENCOUNTER ERROR | ^SD(409.75, |
| 409.76** | TRANSMITTED OUTPATIENT ENCOUNTER ERROR CODE | ^SD(409.76, |
| 409.81** | RAM GROUP | ^SD(409.81, |
| 409.82 | RAM REIMBURSEMENT | ^SD(409.82, |

* File comes with data

** File comes with data which will overwrite existing data, if specified

The following are the steps you may take to obtain information concerning the files and templates contained in the PIMS package.

File Flow (Relationships between files)

1. VA FileMan Menu
2. Data Dictionary Utilities Menu
3. List File Attributes Option
4. Enter File # or range of File #s
5. Select Listing Format: Standard
6. You will see what files point to the selected file. To see what files the selected file points to, look for fields that say "POINTER TO".

Templates

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: Print Template
Sort Template
Input Template
List Template
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ, (ADT)
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

Exported Options

The following are the steps you may take to obtain information about menus, exported protocols, exported options, exported remote procedures, and exported HL7 applications concerning the PIMS package.

Menu Diagrams

1. Programmers Options
2. Menu Management Menu
3. Display Menus and Options Menu
4. Diagram Menus
5. Select User or Option Name: O.DG Manager Menu (ADT)
 O.SDMGR (scheduling)

Exported Protocols

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: PROTOCOL
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)
 SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

Exported Options

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: OPTION
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)
 SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

Exported Remote Procedures

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: REMOTE PROCEDURE
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

Exported HL7 Applications for Ambulatory Care Reporting

1. HL7 Main Menu
2. V1.6 Options Menu
3. Interface Workload Option
4. Look for AMBCARE-DHCP and NPCD-AAC

Archiving and Purging

Archiving

With the release of PIMS V. 5.3, a new archive/purge option has been created for PTF-related records. Please refer to the Release Notes for details.

Purging

The PIMS package allows for purging of data associated with log of user access to sensitive records, consistency checker, scheduled admissions, local breakeven data for DRGs, special transaction requests, PTF records, and scheduling data.

Following is a list of the purge options and where the documentation may be found in the user manual.

Volume I - ADT

| <u>OPTION NAME</u> | <u>SECTION #/MENU NAME</u> |
|--|----------------------------|
| PTF Archive/Purge | 7-PTF |
| Purge Breakeven Data for a Fiscal Year | 7-PTF |
| Purge Special Transaction Request Log | 7-PTF |
| Purge Non-Sensitive Patients from Security Log | 10-Security Officer |
| Purge Record of User Access from Security Log | 10-Security Officer |
| Purge Inconsistent Data Elements | 11-Supervisor ADT |
| Purge Scheduled Admissions | 11-Supervisor ADT |

Volume II - Scheduling

| <u>OPTION NAME</u> | <u>SECTION #/MENU NAME</u> |
|--|----------------------------|
| Purge Appointment Status Update Log File | 6-Supervisor |
| Purge Scheduling Data | 6-Supervisor |

HL7 Purger

It is recommended that the option Purge Message Text File Entries [HL PURGE TRANSMISSIONS] be scheduled to run every day or every other day.

External/Internal Relations

External Relations

1. The following minimum package versions are required: VA FileMan V. 21.0, Kernel V. 8.0, Kernel Toolkit V. 7.3, VA MailMan V. 7.1, PCE V. 1.0, OE/RR V. 1.96, IB V. 2.0, IFCAP V. 3.0, DRG Grouper V. 13.0, HL7 V. 1.6, and Generic Code Sheet V. 1.5. Sites should verify that all patches to these packages have been installed.

2. If your site is running any of the following packages, you MUST be running the listed version or higher.

| | |
|----------------------------|---------|
| AMIE | None |
| Dental | V. 1.2 |
| Dietetics | V. 4.33 |
| Inpatient Meds | None |
| IVM | V. 2.0 |
| Laboratory | V. 5.2 |
| Mental Health | V. 4.18 |
| Nursing | V. 2.2 |
| Occurrence Screening | V. 2.0 |
| Outpatient Pharmacy | V. 5.6 |
| Patient Funds | V. 3.0 |
| Radiology/Nuclear Medicine | V. 4.5 |
| Record Tracking | V. 2.0 |
| Social Work | V. 3.0 |
| Utilization Review | V. 1.06 |

NOTE: If you are not running one of the above packages, you do NOT need to install it.

3. You must have all current Kernel V. 8.0, Kernel Toolkit V. 7.3, VA FileMan V. 21.0, RPC Broker V. 1.0, and PIMS V. 5.3 patches installed prior to the installation of PCMM (SD*5.3*41, DG*5.3*84). You must have KIDS patch 44 (XU*8*44) installed prior to loading the VIC software.

4. OE/RR will be using the PCMM files and GUI interface for inpatient teams.

5. The following is a list of all elements that are checked for installation of Ambulatory Care Reporting Project.

| Element Checked | Check Performed | Required for Install |
|--|---------------------------|-----------------------------|
| PCE V. 1.0 | Installed | Yes |
| HL7 V. 1.6 | Installed | Yes |
| XU*8.0*27 | Installed | Yes |
| HL*1.6*8 | Installed | Yes |
| IB*2.0*60 | Installed | Yes |
| Q-ACS.MED.VA.GOV in DOMAIN file (#4.2) | Entry exists | Yes ¹ |
| SD*5.3*41 | Installed | No |
| RA*4.5*4 | Installed | No ² |
| LR*5.2*127 | Installed | No ³ |
| SOW*3*42 | Installed | No |
| OPC GENERATION MAIL GROUP field (#216) of the MAS PARAMETER file (#43) | Contains valid Mail Group | No |

DBIA AGREEMENTS

The following are the steps you may take to obtain the database integration agreements for the PIMS package.

DBIA AGREEMENTS - CUSTODIAL PACKAGE

1. FORUM
2. DBA Menu
3. Integration Agreements Menu
4. Custodial Package Menu
5. Active by Custodial Package Option
6. Select Package Name: Registration
Scheduling

DBIA AGREEMENTS - SUBSCRIBER PACKAGE

1. FORUM
2. DBA Menu
3. Integration Agreements Menu
4. Subscriber Package Menu
5. Print Active by Subscriber Package Option
6. Start with subscriber package: DG to DGZ, VA to VAZ (ADT)
SD to SDZ, SC to SCZ (scheduling)

¹ This domain was distributed by patch XM*DBA*99.

² Not installing this patch will result in the loss of workload credit.

³ Not installing this patch will result in the loss of workload credit.

Internal Relations

Any PIMS option in File 19 which is a menu option should be able to run independently provided the user has the appropriate keys and FileMan access.

In order to use the PCMM client software, the user must be assigned the SC PCMM GUI WORKSTATION option as either a primary or secondary menu option - unless the user has been assigned the XUPROGMODE security key. This key, usually given to IRM staff, allows use of the client software without the SC PCMM GUI WORKSTATION option being assigned.

Package-Wide Variables

There are no package-wide variables associated with the PIMS package.

Key Variables

PIMS System Wide Variables

DFN Internal entry of the PATIENT file
SSN Social security number
AGE Age of patient
DOB Date of birth
SEX Sex of patient

VADPT Variables

See Appendix A.

Scheduling Variables

EN3^SDACS - Call to the Scheduling package by other packages in order to add stop codes and/or CPT procedures to the SCHEDULING VISIT file for workload capture.

Input variables:

| | |
|----------|--|
| SDIV | internal entry number (pointer number) in INSTITUTION file |
| SDATE | date of visit |
| SDC | stop code numbers |
| SDCTYPE | type of codes |
| SDMSG | defines which error messages are printed <optional> |
| SDCPT(x) | array used if passing CPT codes <optional> (format: 900^associated clinic ptr^CPT^CPT^CPT^CPT^CPT) |
| SDUZ | User number |

Output variables:

SDERR - error flag

SDUTL3 contains utilities used to display and retrieve data from the CURRENT PC TEAM and CURRENT PC PRACTITIONER fields in the PATIENT file. Documentation can also be found in the routine.

\$\$OUTPTPR^SDUTL3(PARM 1) - displays data from CURRENT PC PRACTITIONER field.

| | | |
|--------|--------|--|
| Input | PARM 1 | The internal entry of the PATIENT file. |
| Output | | CURRENT PC PRACTITIONER in Internal^External format. If look-up is unsuccessful, 0 will be returned. |

\$\$OUTPTTM^SDUTL3(PARM 1) - displays data from CURRENT PC TEAM field.

| | | |
|--------|--------|--|
| Input | PARM 1 | The internal entry of the PATIENT file. |
| Output | | CURRENT PC TEAM in Internal^External format. If look-up is unsuccessful, 0 will be returned. |

INPTPR^SDUTL3(PARM 1, PARM 2) - stores data in CURRENT PC PRACTITIONER field.

| | | |
|--------|--------|--|
| Input | PARM 1 | The internal entry of the PATIENT file. |
| | PARM 2 | Pointer to the NEW PERSON file indicating the practitioner associated with the patient's care. |
| Output | SDOKS | 1 if data is stored successfully; 0 otherwise |

INPTTM^SDUTL3(PARM 1, PARM 2) - stores data in CURRENT PC TEAM field.

| | | |
|--------|--------|--|
| Input | PARM 1 | The internal entry of the PATIENT file. |
| | PARM 2 | Pointer to the TEAM file indicating the team associated with the patient's care. |
| Output | SDOKS | 1 if data is stored successfully; 0 otherwise |

VAUTOMA

VAUTOMA is a routine which will do a one/many/all prompt - returning the chosen values in a subscripted variable specified by the calling programmer.

Input variables:

| | |
|----------|--|
| VAUTSTR | string which describes what is to be entered. |
| VAUTNI | defines if array is sorted alphabetically or numerically. |
| VAUTVB | name of the subscripted variable to be returned. |
| VAUTNALL | define this variable if you do not want the user to be given the ALL option. |

Other variables as required by a call to ^DIC (see VA FileMan Programmers Manual).

Output variables:

As defined in VAUTVB

VAFMON

VAFMON is a routine which will return income or dependent information on a patient.

\$\$INCOME^VAFMON(PARM 1,PARM 2)

PARM 1 - The internal entry of the PATIENT file.

PARM 2 - The date the income is calculated for.

\$\$DEP^VAFMON(PARM 1,PARM 2)

PARM 1 - The internal entry of the PATIENT file.

PARM 2 - The date the income is calculated for.

How To Generate On-Line Documentation

This section describes some of the various methods by which users may secure PIMS technical documentation. On-line technical documentation pertaining to the PIMS software, in addition to that which is located in the help prompts and on the help screens which are found throughout the PIMS package, may be generated through utilization of several KERNEL options. These include but are not limited to: %INDEX, Menu Management Inquire Option File, Print Option File, and FileMan List File Attributes.

Entering question marks at the "Select ... Option:" prompt may also provide users with valuable technical information. For example, a single question mark (?) lists all options which can be accessed from the current option. Entering two question marks (??) lists all options accessible from the current one, showing the formal name and lock for each. Three question marks (???) displays a brief description for each option in a menu while an option name preceded by a question mark (?OPTION) shows extended help, if available, for that option.

For a more exhaustive option listing and further information about other utilities which supply on-line technical information, please consult the DHCP Kernel Reference Manual.

%INDEX

This option analyzes the structure of a routine(s) to determine in part if the routine(s) adheres to DHCP Programming Standards. The %INDEX output may include the following components: compiled list of errors and warnings, routine listing, local variables, global variables, naked globals, label references, and external references. By running %INDEX for a specified set of routines, the user is afforded the opportunity to discover any deviations from DHCP Programming Standards which exist in the selected routine(s) and to see how routines interact with one another, that is, which routines call or are called by other routines.

To run %INDEX for the PIMS package, specify the following namespaces at the "routine(s) ?>" prompt: DG*, DPT*, SD*, VA*, SC*.

PIMS initialization routines which reside in the UCI in which %INDEX is being run, compiled template routines, and local routines found within the PIMS namespaces should be omitted at the "routine(s) ?>" prompt. To omit routines from selection, preface the namespace with a minus sign (-).

INQUIRE TO OPTION FILE

This Menu Manager option provides the following information about a specified option(s): option name, menu text, option description, type of option, and lock (if any). In addition, all items on the menu are listed for each menu option.

To secure information about PIMS options, the user must specify the name or namespace of the option(s) desired. Below is a list of namespaces associated with the PIMS package.

DG - Registration, ADT, Means Test, PTF/RUG, Beneficiary Travel

DPT - Patient File Look-up, Patient Sensitivity

SD and SC - Scheduling

VA - Generic utility processing

PRINT OPTIONS FILE

This utility generates a listing of options from the OPTION file. The user may choose to print all of the entries in this file or may elect to specify a single option or range of options. To obtain a list of PIMS options, the following option namespaces should be specified: DG to DGZ, SD to SDZ.

LIST FILE ATTRIBUTES

This FileMan option allows the user to generate documentation pertaining to files and file structure. Utilization of this option via the "Standard" format will yield the following data dictionary information for a specified file(s): file name and description, identifiers, cross-references, files pointed to by the file specified, files which point to the file specified, input templates, print templates, and sort templates. In addition, the following applicable data is supplied for each field in the file: field name, number, title, global location, description, help prompt, cross-reference(s), input transform, date last edited, and notes.

Using the "Global Map" format of this option generates an output which lists all cross-references for the file selected, global location of each field in the file, input templates, print templates, and sort templates.

Security

General Security

Routines that generate statistics for AMIS or OPC workload should NOT be locally modified.

Security Keys

The following are the steps you may take to obtain information about the security keys contained in the PIMS package.

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: SECURITY KEY
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name
8. Then print field: Description

Legal Requirements

The PIMS software package makes use of Current Procedural Terminology (CPT) codes which is an American Medical Association (AMA) copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the AMA. The CPT copyright notice is displayed for various MAS users and should not be turned off.

FileMan Access Codes

Below is a list of recommended FileMan Access Codes associated with each file contained in the PIMS package. This list may be used to assist in assigning users appropriate FileMan Access Codes.

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>DD ACCESS</u> | <u>RD ACCESS</u> | <u>WR ACCESS</u> | <u>DEL ACCESS</u> | <u>LAYGO ACCESS</u> |
|------------------------|----------------------------|----------------------|----------------------|----------------------|-----------------------|-------------------------|
| 2 | PATIENT | @ | d | D | @ | D |
| 5 | STATE | @ | d | @ | @ | @ |
| 8 | ELIGIBILITY CODE | @ | d | @ | @ | @ |
| 8.1 | MAS ELIGIBILITY CODE | @ | d | @ | @ | @ |
| 8.2 | IDENTIFICATION FORMAT | @ | d | @ | @ | @ |
| 10 | RACE | @ | d | @ | @ | @ |
| 11 | MARITAL STATUS | @ | d | @ | @ | @ |
| 13 | RELIGION | @ | d | @ | @ | @ |
| 21 | PERIOD OF SERVICE | @ | d | @ | @ | @ |
| 22 | POW PERIOD | @ | d | @ | @ | @ |
| 23 | BRANCH OF SERVICE | @ | d | @ | @ | @ |
| 25 | TYPE OF DISCHARGE | @ | d | @ | @ | @ |
| 30 | DISPOSITION LATE REASON | @ | d | @ | @ | @ |
| 35 | OTHER FEDERAL AGENCY | @ | d | @ | @ | @ |
| 37 | DISPOSITION | @ | d | @ | @ | @ |
| 38.1 | DG SECURITY LOG | @ | d | D | @ | D |
| 38.5 | INCONSISTENT DATA | @ | d | @ | @ | @ |
| 38.6 | INCONSISTENT DATA ELEMENTS | @ | d | @ | @ | @ |
| 39.1 | EMBOSSSED CARD TYPE | @ | d | @ | @ | @ |
| 39.2 | EMBOSSING DATA | @ | d | @ | @ | @ |
| 39.3 | EMBOSSER EQUIPMENT FILE | @ | d | @ | @ | @ |
| 39.4 | ADT/HL7 TRANSMISSION | @ | @ | @ | @ | @ |
| 40.1 | OPC | @ | d | @ | D | @ |
| 40.15 | OPC ERRORS | @ | d | D | D | D |
| 40.7 | CLINIC STOP | @ | d | @ | @ | @ |
| 40.8 | MEDICAL CENTER DIVISION | @ | d | @ | @ | @ |
| 40.9 | LOCATION TYPE | @ | d | @ | @ | @ |
| 41.1 | SCHEDULED ADMISSION | @ | d | D | D | D |
| 41.9 | CENSUS | @ | d | @ | @ | @ |
| 42 | WARD LOCATION | @ | d | D | @ | D |
| 42.4 | SPECIALTY | @ | d | @ | @ | @ |
| 42.5 | WAIT LIST | @ | d | D | D | D |
| 42.55 | PRIORITY GROUPING | @ | d | @ | @ | @ |
| 42.6 | AMIS 334-341 | @ | d | D | D | D |
| 42.7 | AMIS 345&346 | @ | d | D | D | D |
| 43 | MAS PARAMETERS | @ | d | D | @ | @ |
| 43.1 | MAS EVENT RATES | @ | d | D | D | D |
| 43.11 | MAS AWARD | @ | d | D | D | D |
| 43.4 | VA ADMITTING REGULATION | @ | d | @ | @ | @ |
| 43.5 | G&L CORRECTIONS | @ | d | D | D | D |
| 43.61 | G&L TYPE OF CHANGE | @ | d | @ | @ | @ |
| 43.7 | ADT TEMPLATE | @ | d | @ | @ | @ |
| 44 | HOSPITAL LOCATION | @ | d | D | @ | D |
| 45 | PTF | @ | d | D | @ | @ |

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>DD ACCESS</u> | <u>RD ACCESS</u> | <u>WR ACCESS</u> | <u>DEL ACCESS</u> | <u>LAYGO ACCESS</u> |
|------------------------|-------------------------------------|----------------------|----------------------|----------------------|-----------------------|-------------------------|
| 45.1 | SOURCE OF ADMISSION | @ | d | @ | @ | @ |
| 45.2 | PTF TRANSFERRING FACILITY | @ | d | D | @ | D |
| 45.3 | SURGICAL SPECIALTY | @ | d | @ | @ | @ |
| 45.4 | PTF DIALYSIS TYPE | @ | d | @ | @ | @ |
| 45.5 | PTF MESSAGE | @ | d | @ | @ | @ |
| 45.6 | PLACE OF DISPOSITION | @ | d | @ | @ | @ |
| 45.61 | PTF ABUSED SUBSTANCE | @ | d | @ | @ | @ |
| 45.62 | PTF ARCHIVE/PURGE HISTORY | @ | d | @ | @ | @ |
| 45.64 | PTF AUSTIN ERROR CODES | @ | d | @ | @ | @ |
| 45.7 | FACILITY TREATING SPECIALTY | @ | d | D | @ | D |
| 45.81 | STATION TYPE | @ | d | @ | @ | @ |
| 45.82 | CATEGORY OF BENEFICIARY | @ | d | @ | @ | @ |
| 45.83 | PTF RELEASE | @ | d | @ | @ | @ |
| 45.84 | PTF CLOSE OUT | @ | d | @ | @ | @ |
| 45.85 | CENSUS WORKFILE | @ | d | D | @ | @ |
| 45.86 | PTF CENSUS DATE | @ | d | @ | @ | @ |
| 45.87 | PTF TRANSACTION REQUEST LOG | @ | d | @ | @ | @ |
| 45.88 | PTF EXPANDED CODE CATEGORY | @ | d | @ | @ | @ |
| 45.89 | PTF EXPANDED CODE | @ | d | @ | @ | @ |
| 45.9 | PAF | @ | d | D | D | D |
| 45.91 | RUG-II | @ | d | @ | @ | @ |
| 47 | MAS FORMS AND SCREENS | @ | d | @ | @ | @ |
| 48 | MAS RELEASE NOTES | @ | d | D | @ | @ |
| 48.5 | MAS MODULE | @ | d | @ | @ | @ |
| 389.9 | STATION NUMBER (TIME SENSITIVE) | @ | d | @ | @ | @ |
| 391 | TYPE OF PATIENT | @ | d | @ | @ | @ |
| 391.1 | AMIS SEGMENT | @ | d | @ | @ | @ |
| 391.51 | PIMS EDR EVENT | @ | d | @ | @ | @ |
| 392 | BENE TRAVEL CLAIM | @ | d | @ | @ | @ |
| 392.1 | BENE TRAVEL DISTANCE | @ | d | D | D | D |
| 392.2 | BENE TRAVEL CERTIFICATION | @ | d | D | D | D |
| 392.3 | BENE TRAVEL ACCOUNT | @ | d | @ | @ | @ |
| 392.4 | BENE TRAV MODE OF TRANS | @ | d | D | @ | D |
| 393 | INCOMPLETE RECORDS | @ | d | D | D | D |
| 393.1 | MAS SERVICE | @ | d | @ | @ | @ |
| 393.2 | IRT STATUS | @ | d | @ | @ | @ |
| 393.3 | IRT TYPE OF DEFICIENCY | @ | d | @ | @ | @ |
| 393.41 | TYPE OF CATEGORY | @ | d | @ | @ | @ |
| 403.35 | SCHEDULING USER PREFERENCE | @ | d | @ | @ | @ |
| 403.43 | SCHEDULING EVENT | @ | d | @ | @ | @ |
| 403.44 | SCHEDULING REASON | @ | d | @ | @ | @ |
| 403.46 | STANDARD POSITION | @ | d | @ | @ | @ |
| 403.47 | TEAM PURPOSE | @ | d | @ | @ | @ |
| 404.41 | OUTPATIENT PROFILE | @ | d | @ | @ | @ |
| 404.42 | PATIENT TEAM ASSIGNMENT | @ | d | @ | @ | @ |
| 404.43 | PATIENT TEAM POSITION ASSIGNMENT | @ | d | @ | @ | @ |
| 404.51 | TEAM | @ | d | @ | @ | @ |
| 404.52 | POSITION ASSIGNMENT HISTORY | @ | d | @ | @ | @ |
| 404.56 | TEAM AUTOLINK | @ | d | @ | @ | @ |
| 404.57 | TEAM POSITION | @ | d | @ | @ | @ |
| 404.58 | TEAM HISTORY | @ | d | @ | @ | @ |
| 404.59 | TEAM POSITION HISTORY | @ | d | @ | @ | @ |

Security

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>DD ACCESS</u> | <u>RD ACCESS</u> | <u>WR ACCESS</u> | <u>DEL ACCESS</u> | <u>LAYGO ACCESS</u> |
|------------------------|--|----------------------|----------------------|----------------------|-----------------------|-------------------------|
| 404.91 | SCHEDULING PARAMETER | @ | d | @ | @ | @ |
| 404.92 | SCHEDULING REPORT DEFINITION | @ | d | @ | @ | @ |
| 404.93 | SCHEDULING REPORT FIELDS DEFINITION | @ | d | @ | @ | @ |
| 404.94 | SCHEDULING REPORT GROUP | @ | d | @ | @ | @ |
| 404.95 | SCHEDULING REPORT QUERY TEMPLATE | @ | d | @ | @ | @ |
| 405 | PATIENT MOVEMENT | @ | d | @ | @ | @ |
| 405.1 | FACILITY MOVEMENT TYPE | @ | d | D | @ | D |
| 405.2 | MAS MOVEMENT TYPE | @ | d | @ | @ | @ |
| 405.3 | MAS MOVEMENT TRANSACTION TYPE | @ | d | @ | @ | @ |
| 405.4 | ROOM-BED | @ | d | D | @ | D |
| 405.5 | MAS OUT-OF-SERVICE | @ | d | @ | @ | @ |
| 405.6 | ROOM-BED DESCRIPTION | @ | d | D | @ | D |
| 406.41 | LODGING REASON | @ | d | D | @ | D |
| 407.5 | LETTER | @ | d | D | D | D |
| 407.6 | LETTER TYPE | @ | d | @ | @ | @ |
| 407.7 | TRANSMISSION ROUTERS | @ | d | @ | @ | @ |
| 408 | DISCRETIONARY WORKLOAD | @ | d | @ | @ | @ |
| 408.11 | RELATIONSHIP | @ | d | @ | @ | @ |
| 408.12 | PATIENT RELATION | @ | d | @ | @ | @ |
| 408.13 | INCOME PERSON | @ | d | @ | @ | @ |
| 408.21 | INDIVIDUAL ANNUAL INCOME | @ | d | @ | @ | @ |
| 408.22 | INCOME RELATION | @ | d | @ | @ | @ |
| 408.31 | ANNUAL MEANS TEST | @ | d | @ | @ | @ |
| 408.32 | MEANS TEST STATUS | @ | d | @ | @ | @ |
| 408.33 | TYPE OF TEST | @ | d | @ | @ | @ |
| 408.34 | SOURCE OF INCOME TEST | @ | d | @ | @ | @ |
| 408.41 | MEANS TEST CHANGES | @ | d | @ | @ | @ |
| 408.42 | MEANS TEST CHANGES TYPE | @ | d | @ | @ | @ |
| 409.1 | APPOINTMENT TYPE | @ | d | @ | @ | @ |
| 409.2 | CANCELLATION REASONS | @ | d | @ | @ | @ |
| 409.3 | AMBULATORY PROCEDURE GROUPS | @ | d | D | D | D |
| 409.41 | OUTPATIENT CLASSIFICATION TYPE | @ | d | @ | @ | @ |
| 409.42 | OUTPATIENT CLASSIFICATION | @ | d | D | D | D |
| 409.43 | OUTPATIENT DIAGNOSIS | @ | d | D | D | D |
| 409.44 | OUTPATIENT PROVIDER | @ | d | D | D | D |
| 409.45 | OUTPATIENT CLASSIFICATION STOP CODE EXCEPTION | @ | d | @ | @ | @ |
| 409.5 | SCHEDULING VISITS | @ | d | D | D | D |
| 409.62 | APPOINTMENT GROUP | @ | d | @ | @ | @ |
| 409.63 | APPOINTMENT STATUS | @ | d | @ | @ | @ |
| 409.65 | APPOINTMENT STATUS UPDATE LOG | @ | d | @ | @ | @ |
| 409.66 | APPOINTMENT TRANSACTION TYPE | @ | d | @ | @ | @ |
| 409.68 | OUTPATIENT ENCOUNTER | @ | d | @ | @ | @ |
| 409.71 | AMBULATORY PROCEDURE | @ | d | D | @ | D |

| <u>FILE NUMBER</u> | <u>FILE NAME</u> | <u>DD ACCESS</u> | <u>RD ACCESS</u> | <u>WR ACCESS</u> | <u>DEL ACCESS</u> | <u>LAYGO ACCESS</u> |
|------------------------|---|----------------------|----------------------|----------------------|-----------------------|-------------------------|
| 409.72 | AMBULATORY PROCEDURE TIME SENSITIVE DATA | @ | d | D | D | D |
| 409.73 | TRANSMITTED OUTPATIENT ENCOUNTER | @ | d | @ | @ | @ |
| 409.74 | DELETED OUTPATIENT ENCOUNTER | @ | d | @ | @ | @ |
| 409.75 | TRANSMITTED OUTPATIENT ENCOUNTER ERROR | @ | d | @ | @ | @ |
| 409.76 | TRANSMITTED OUTPATIENT ENCOUNTER ERROR CODE | @ | d | @ | @ | @ |
| 409.81 | RAM GROUP | @ | d | @ | @ | @ |
| 409.82 | RAM REIMBURSEMENT | @ | d | D | D | D |

Glossary

| | |
|----------------------|--|
| ALOS | Average Length of Stay |
| AMIS | Automated Management Information System |
| DRG | Diagnostic Related Group |
| EDR | Event Driven Reporting |
| HL7 | Health Level Seven |
| IRT | Incomplete Records Tracking |
| MEANS TEST | A financial report upon which certain patients' eligibility for care is based |
| OPC | Outpatient Clinic |
| PAI | Patient Assessment Instrument |
| PAF | Patient Assessment File; where PAI information is stored until transmission to Austin. |
| PTF | Patient Treatment File |
| PULL LIST | A list of patients whose radiology/MAS records should be "pulled" from the file room for scheduled clinic visits |
| RUG | Resource Utilization Group |
| SPECIAL SURVEY | An ongoing survey of care given to patients alleging Agent Orange or Ionizing Radiation exposure. Each visit by such patients must receive "special survey dispositioning" which records whether treatment provided was related to their exposure. This data is used for Congressional reporting purposes. |
| THIRD PARTY BILLINGS | Billings where a party other than the patient is billed |
| TSR | Treating Specialty Report |

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Appendix A - VADPT Variables

I. OVERVIEW

VADPT is a utility routine designed to provide a central point where a programmer can obtain information concerning a patient's record. Supported entry points are provided which will return demographics, inpatient status, eligibility information, etc.

Access to patient information is not limited to using the supported entry points in VADPT. Integration agreements can be established through the DBA between PIMS and other packages to reference information. Additionally, several data elements are supported without an integration agreement.

II. SUPPORTED REFERENCES

The following references to patient information (PATIENT file #2) are supported **without** an integration agreement. All nationally distributed cross-references on these fields are also supported.

| Field Name | Field # | Global Location | Type of Access |
|---------------------------|-----------|-----------------|----------------|
| NAME | (#.01) | 0;1 | Read |
| SEX | (#.02) | 0;2 | Read |
| DATE OF BIRTH | (#.03) | 0;3 | Read |
| AGE | (#.033) | N/A | Read |
| MARITAL STATUS | (#.05) | 0;5 | Read |
| RACE | (#.06) | 0;6 | Read |
| OCCUPATION | (#.07) | 0;7 | Read |
| RELIGIOUS PREFERENCE | (#.08) | 0;8 | Read |
| DUPLICATE STATUS | (#.081) | 0;18 | |
| PATIENT MERGED TO | (#.082) | 0;19 | |
| CHECK FOR DUPLICATE | (#.083) | 0;20 | |
| SOCIAL SECURITY NUMBER | (#.09) | 0;9 | Read |
| REMARKS | (#.091) | 0;10 | Read |
| PLACE OF BIRTH [CITY] | (#.092) | 0;11 | Read |
| PLACE OF BIRTH [STATE] | (#.093) | 0;12 | Read |
| WHO ENTERED PATIENT | (#.096) | 0;15 | Read |
| DATE ENTERED INTO FILE | (#.097) | 0;16 | Read |
| WARD LOCATION | (#.1) | .1;1 | Read |
| ROOM-BED | (#.101) | .101;1 | Read |
| CURRENT MOVEMENT | (#.102) | .102;1 | Read |
| TREATING SPECIALTY | (#.103) | .103;1 | Read |
| PROVIDER | (#.104) | .104;1 | Read |
| ATTENDING PHYSICIAN | (#.1041) | .1041;1 | Read |
| CURRENT ADMISSION | (#.105) | .105;1 | Read |
| LAST DMMS EPISODE NUMBER | (#.106) | .106;1 | Read |
| LODGER WARD LOCATION | (#.107) | .107;1 | Read |
| CURRENT ROOM | (#.108) | .108;1 | Read |
| CURRENT MEANS TEST STATUS | (#.14) | 0;14 | Read |
| DATE OF DEATH | (#.351) | .35;1 | Read |
| DEATH ENTERED BY | (#.352) | .35;2 | Read |
| PRIMARY LONG ID | (#.363) | .36;3 | |
| PRIMARY SHORT ID | (#.364) | .36;4 | |
| CURRENT PC PRACTITIONER | (#404.01) | PC;1 | Read |
| CURRENT PC TEAM | (#404.02) | PC;2 | Read |
| LAST MEANS TEST | (#999.2) | N/A | Read |

III. CALLABLE ENTRY POINTS IN VADPT

1. DEM^VADPT

This entry point returns demographic information for a patient.

| | | |
|---------|---------|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAPTYP | This optional variable can be set to the internal number of a patient eligibility. The variable can be used to indicate the patient's type such as VA, DOD, or IHS through the eligibility. If this variable is not defined or the eligibility does not exist, the VA patient IDs will be returned. |
| | VAHOW | This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VADM(1) would be VADM("NM")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VADM",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VADM",\$J,"NM")) |
| | VAROOT | This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGDEM") |
| Output: | VADM(1) | The NAME of the patient. (e.g., SMITH,JOHN R.) |

| | |
|-----------|---|
| VADM(2) | The SOCIAL SECURITY NUMBER of the patient in internal^external format. (e.g., 123456789^123-45-6789) |
| VADM(3) | The DATE OF BIRTH of the patient in internal^external format. (e.g., 2551025^OCT 25,1955) |
| VADM(4) | The AGE of the patient as of today, unless a date of death exists, in which case the age returned will be as of that date. (e.g., 36) |
| VADM(5) | The SEX of the patient in internal^external format. (e.g., M^MALE) |
| VADM(6) | The DATE OF DEATH of the patient, should one exist, in internal^external format. (e.g., 2881101.08^NOV 1,1988@08:00) |
| VADM(7) | Any REMARKS concerning this patient which may be on file. (e.g., Need to obtain dependent info.) |
| VADM(8) | The RACE of the patient in internal^external format. (e.g., 1^WHITE, NON-HISPANIC) |
| VADM(9) | The RELIGION of the patient in internal^external format. (e.g., 99^CATHOLIC) |
| VADM(10) | The MARITAL STATUS of the patient in internal^external format. (e.g., 1^MARRIED) |
| VA("PID") | The PRIMARY LONG ID for a patient. The format of this variable will depend on the type of patient if VAPTYP is set. (e.g., 123-45-6789) |

| | |
|-----------|---|
| VA("BID") | The PRIMARY SHORT ID for a patient. The format of this variable will depend on the type of patient if VAPTYP is set. (e.g., 6789) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

2. **ELIG^VADPT**

This entry point returns eligibility information for a patient.

| | | |
|--------|--------|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAHOW | This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAEL(1) would be VAEL("EL")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAEL",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAEL",\$J,"EL")) |
| | VAROOT | This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGELG") |

| | | |
|---------|-----------|--|
| Output: | VAEL(1) | The PRIMARY ELIGIBILITY CODE of the patient in internal^external format. (e.g., 1^SERVICE CONNECTED 50-100%) |
| | VAEL(1,#) | An array of other PATIENT ELIGIBILITIES to which the patient is entitled to care, in internal^external format. The # sign represents the internal entry number of the eligibility in the ELIGIBILITY CODE file. (e.g., 13^PRISONER OF WAR) |
| | VAEL(2) | The PERIOD OF SERVICE of the patient in internal^external format. (e.g., 19^WORLD WAR I) |
| | VAEL(3) | If the SERVICE CONNECTED? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If service connected, the SERVICE CONNECTED PERCENTAGE field will be returned in the second piece. (e.g., 1^70) |
| | VAEL(4) | If the VETERAN (Y/N)? field is YES, a "1" will be returned; otherwise, a "0" will be returned. (e.g., 1) |
| | VAEL(5) | If an INELIGIBLE DATE exists, a "0" will be returned indicating the patient is ineligible; otherwise, a "1" will be returned. (e.g., 0) |
| | VAEL(5,1) | If ineligible, the INELIGIBLE DATE of the patient in internal^external format. (e.g., 2880101^JAN 1,1988) |
| | VAEL(5,2) | If ineligible, the INELIGIBLE TWX SOURCE in internal^external format. (e.g., 2^REGIONAL OFFICE) |

| | |
|-----------|---|
| VAEL(5,3) | If ineligible, the INELIGIBLE TWX CITY. (e.g., ALBANY) |
| VAEL(5,4) | If ineligible, the INELIGIBLE TWX STATE from which the ineligible notification was received in internal^external format. (e.g., 36^NEW YORK) |
| VAEL(5,5) | If ineligible, the INELIGIBLE VARO DECISION. (e.g., UNABLE TO VERIFY) |
| VAEL(5,6) | If ineligible, the INELIGIBLE REASON. (e.g., NO DD214) |
| VAEL(6) | The TYPE of patient in internal ^external format. (e.g., 1^SC VETERAN) |
| VAEL(7) | The CLAIM NUMBER of the patient. (e.g., 123456789) |
| VAEL(8) | The current ELIGIBILITY STATUS of the patient in internal^external format. (e.g., V^VERIFIED) |
| VAEL(9) | The CURRENT MEANS TEST STATUS of the patient CODE^NAME. (e.g., A^CATEGORY A) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

3. MB^VADPT

This entry point returns monetary benefit information for a patient.

| | | |
|--------|-----|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
|--------|-----|--|

| | | |
|---------|---------|---|
| | VAHOW | <p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAMB(1) would be VAMB("AA"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAMB",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAMB",\$J,"AA"))</p> |
| | VAROOT | <p>This optional variable can be set to a local variable or global name in which to return the output.</p> <p>(e.g., VAROOT="DGMB")</p> |
| Output: | VAMB(1) | <p>If the RECEIVING A&A BENEFITS? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving A&A benefits, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^1000)</p> |
| | VAMB(2) | <p>If the RECEIVING HOUSEBOUND BENEFITS? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving housebound benefits, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^0)</p> |

- VAMB(3) If the RECEIVING SOCIAL SECURITY field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving social security, the AMOUNT OF SOCIAL SECURITY will be returned in the second piece. (e.g., 0)
- VAMB(4) If the RECEIVING A VA PENSION? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving a VA pension, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^563.23)
- VAMB(5) If the RECEIVING MILITARY RETIREMENT? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving military retirement, the AMOUNT OF MILITARY RETIREMENT will be returned in the second piece. (e.g., 0)
- VAMB(6) The RECEIVING SUP. SECURITY (SSI) field is being eliminated. Since v5.2, a "0" is returned for this variable.
- VAMB(7) If the RECEIVING VA DISABILITY? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving VA disability, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 0)

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| VAMB(8) | If the TYPE OF OTHER RETIREMENT field is filled in, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving other retirement, the AMOUNT OF OTHER RETIREMENT will be returned in the second piece. (e.g., 1^2500.12) |
| VAMB(9) | If the GI INSURANCE POLICY? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving GI insurance, the AMOUNT OF GI INSURANCE will be returned in the second piece. (e.g., 1^100000) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

4. SVC^VADPT

This entry point returns service information for a patient.

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| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
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| | VAHOW | <p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VASV(1) would be VASV("VN"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VASV",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VASV",\$J,"VN"))</p> |
| | VAROOT | <p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGSVC")</p> |
| Output: | VASV(1) | <p>If the VIETNAM SERVICE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)</p> |
| | VASV(1,1) | <p>If Vietnam Service, the VIETNAM FROM DATE in internal^external format. (e.g., 2680110^JAN 10,1968)</p> |
| | VASV(1,2) | <p>If Vietnam Service, the VIETNAM TO DATE in internal^external format. (e.g., 2690315^MAR 15,1969)</p> |
| | VASV(2) | <p>If the AGENT ORANGE EXPOS. INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)</p> |

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| VASV(2,1) | If Agent Orange exposure, the AGENT ORANGE REGISTRATION DATE in internal^external format. (e.g., 2870513^MAY 13,1987) |
| VASV(2,2) | If Agent Orange exposure, the AGENT ORANGE EXAMINATION DATE in internal^external format. (e.g., 2871101^NOV 1,1987) |
| VASV(2,3) | If Agent Orange exposure, AGENT ORANGE REPORTED TO C.O. date in internal^external format. (e.g., 2871225^DEC 25,1987) |
| VASV(2,4) | If Agent Orange exposure, AGENT ORANGE REGISTRATION #. (e.g., 123456) |
| VASV(3) | If the RADIATION EXPOSURE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned (e.g., 0) |
| VASV(3,1) | If Radiation Exposure, RADIATION REGISTRATION DATE in internal^external format. (e.g., 2800202^FEB 02,1980) |
| VASV(3,2) | If Radiation Exposure, RADIATION EXPOSURE METHOD in internal^external format. (e.g., T^NUCLEAR TESTING) |
| VASV(4) | If the POW STATUS INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0) |
| VASV(4,1) | If POW status, POW FROM DATE in internal^external format. (e.g., 2450319^MAR 19,1945) |

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| VASV(4,2) | If POW status, POW TO DATE in internal^external format. (e.g., 2470101^JAN 1,1947) |
| VASV(4,3) | If POW status, POW CONFINEMENT LOCATION in internal^external format. (e.g., 2^WORLD WAR II - EUROPE) |
| VASV(5) | If the COMBAT SERVICE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0) |
| VASV(5,1) | If combat service, COMBAT FROM DATE in internal^external format. (e.g., 2430101^JAN 1,1943) |
| VASV(5,2) | If combat service, COMBAT TO DATE in internal^external format. (e.g., 2470101^JAN 1,1947) |
| VASV(5,3) | If combat service, COMBAT SERVICE LOCATION in internal^external format. (e.g., 2^WORLD WAR II - EUROPE) |
| VASV(6) | If a SERVICE BRANCH [LAST] field is indicated, a "1" will be returned in the first piece; otherwise a "0" will be returned. (e.g., 0) |
| VASV(6,1) | If service branch, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE) |
| VASV(6,2) | If service branch, SERVICE NUMBER field in internal^external format. (e.g., 123456789) |
| VASV(6,3) | If service branch, SERVICE DISCHARGE TYPE in internal^external format. (e.g., 1^HONORABLE) |

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| VASV(6,4) | If service branch, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944) |
| VASV(6,5) | If service branch, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948) |
| VASV(7) | If a SERVICE SECOND EPISODE field is indicated, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0) |
| VASV(7,1) | If second episode, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE) |
| VASV(7,2) | If second episode, SERVICE NUMBER field in internal^external format. (e.g., 123456789) |
| VASV(7,3) | If second episode, SERVICE DISCHARGE TYPE in internal^external format. (e.g., 1^HONORABLE) |
| VASV(7,4) | If second episode, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944) |
| VASV(7,5) | If second episode, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948) |
| VASV(8) | If a SERVICE THIRD EPISODE field is indicated, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0) |
| VASV(8,1) | If third episode, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE) |

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| VASV(8,2) | If third episode, SERVICE NUMBER field in internal^external format. (e.g., 123456789) |
| VASV(8,3) | If third episode, SERVICE DISCHARGE TYPE in internal^external format. (e.g., 1^HONORABLE) |
| VASV(8,4) | If third episode, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944) |
| VASV(8,5) | If third episode, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

5. ADD^VADPT

This entry point returns address data for a patient. If a temporary address is in effect, the data returned will be that pertaining to that temporary address; otherwise, the permanent patient address information will be returned.

| | | |
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| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
|--------|-----|--|

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|-----------------|---|
| VAHOW | <p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAPA(1) would be VAPA("L1"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAPA",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAPA",\$J,"L1"))</p> |
| VAROOT | <p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGADD")</p> |
| VAPA("P") | <p>This optional variable can be set to force the return of the patient's permanent address. The permanent address array will be returned regardless of whether or not a temporary address is in effect. (e.g., VAPA("P")="")</p> |
| VATEST("ADD",9) | <p>This optional variable can be defined to a beginning date in VA File-Manager format. If the entire range specified is not within the effective time window of the temporary address start and stop dates, the patient's regular address is returned. (e.g., VATEST("ADD",9)=2920101)</p> |

VATEST("ADD",10) This optional variable can be defined to a ending date in VA FileManager format. If the entire range specified is not within the effective time window of the temporary address start and stop dates, the patient's regular address is returned.
(e.g., VATEST("ADD",10)=2920301)

| | | |
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| Output: | VAPA(1) | The first line of the STREET ADDRESS. (e.g., 123 South Main Street) |
| | VAPA(2) | The second line of the STREET ADDRESS. (e.g., Apartment #1245.) |
| | VAPA(3) | The third line of the STREET ADDRESS. (e.g., P.O. Box 1234) |
| | VAPA(4) | The CITY corresponding to the street address previously indicated. (e.g., ALBANY) |
| | VAPA(5) | The STATE corresponding to the city previously indicated in internal^external format. (e.g., 6^CALIFORNIA) |
| | VAPA(6) | The ZIP CODE of the city previously indicated. (e.g., 12345) |
| | VAPA(7) | The COUNTY in which the patient is residing in internal^external format. (e.g., 1^ALAMEDA) |
| | VAPA(8) | The PHONE NUMBER of the location in which the patient is currently residing. (e.g., (123) 456-7890) |
| | VAPA(9) | If the address information provided pertains to a temporary address, the TEMPORARY ADDRESS START DATE in internal^external format. (e.g., 2880515^MAY 15,1988) |

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| VAPA(10) | If the address information provided pertains to a temporary address, the TEMPORARY ADDRESS END DATE in internal^external format. (e.g., 2880515^MAY 15,1988) |
| VAPA(11) | The ZIP+4 (5 or 9 digit zip code) of the city previously indicated in internal^external format. (e.g., 123454444^12345-4444) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

6. OAD^VADPT

This entry point returns other specific address information.

| | | |
|--------|-------|---|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAHOW | This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAOA(1) would be VAOA("L1")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAOA",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAOA",\$J,"L1")) |

VAROOT This optional variable can be set to a local variable or global name in which to return the output.
(e.g., VAROOT="DGOA")

VAOA("A") This optional variable may be passed to indicate which specific address the programmer wants returned. If it is not defined, the PRIMARY NEXT-OF-KIN will be returned. Otherwise, the following will be returned based on information desired.

VAOA("A")=1 primary emergency contact

VAOA("A")=2 designee for personal effects

VAOA("A")=3 secondary next-of-kin

VAOA("A")=4 secondary emergency contact

VAOA("A")=5 patient employer

VAOA("A")=6 spouse's employer

Output:

VAOA(1) The first line of the STREET ADDRESS.
(e.g., 123 South First Street)

VAOA(2) The second line of the STREET ADDRESS. (e.g., Apartment 9D)

VAOA(3) The third line of the STREET ADDRESS. (e.g., P.O. Box 1234)

VAOA(4) The CITY in which the contact/ employer resides.
(e.g., NEWINGTON)

VAOA(5) The STATE in which the contact/ employer resides in internal^external format. (e.g., 6^CALIFORNIA)

VAOA(6) The ZIP CODE of the location in which the contact/employer resides.
(e.g., 12345)

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| VAOA(7) | The COUNTY in which the contact/ employer resides in internal^external format. (e.g., 1^ALAMEDA) |
| VAOA(8) | The PHONE NUMBER of the contact/employer. (e.g., (415) 967-1234) |
| VAOA(9) | The NAME of the contact or, in case of employment, the employer to whom this address information applies. (e.g., SMITH,ROBERT P.) |
| VAOA(10) | The RELATIONSHIP of the contact (if applicable) to the patient; otherwise, null. (e.g., FATHER) |
| VAOA(11) | The ZIP+4 (5 or 9 digit zip code) of the location in which the contact/employer resides in internal^external format. (e.g., 123454444^12345-4444) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

7. INP^VADPT

This entry point will return data related to an inpatient episode.

| | | |
|--------|-----|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
|--------|-----|--|

| | | |
|---------|---------|--|
| | VAHOW | <p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAIN(1) would be VAIN("AN"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAIN",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAIN,\$J,"AN"))</p> |
| | VAROOT | <p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGIN")</p> |
| | VAINDT | <p>This optional variable may be set to a past date/time for which the programmer wishes to know the patient's inpatient status. This must be passed as an internal VA FileManager date/time format. If time is not passed, it will assume anytime during that day. If this variable is not defined, it will assume now as the date/time. (e.g., 2880101.08)</p> |
| Output: | VAIN(1) | <p>The INTERNAL NUMBER [IFN] of the admission if one was found for the date/time requested. If no inpatient episode was found for the date/time passed, then all variables in the VAIN array will be returned as null. (e.g., 123044)</p> |

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| VAIN(2) | The PRIMARY CARE PHYSICIAN [PROVIDER] assigned to the patient at the date/time requested in internal^external format. (e.g., 3^SMITH,JOSEPH L.) |
| VAIN(3) | The TREATING SPECIALTY assigned to the patient at the date/time requested in internal^external format. (e.g., 19^GERIATRICS) |
| VAIN(4) | The WARD LOCATION to which the patient was assigned at the date/time requested in internal^external format. (e.g., 27^IBSICU) |
| VAIN(5) | The ROOM-BED to which the patient was assigned at the date/time requested in external format. (e.g., 123-B) |
| VAIN(6) | This will return a "1" in the first piece if the patient is in a bed status; otherwise, a "0" will be returned. A non-bed status is made based on the last transfer type to a non-bed status, (i.e., authorized absence, unauthorized absence, etc.) The second piece will contain the name of the last transfer type should one exist. (e.g., 1^FROM AUTHORIZED ABSENCE) |
| VAIN(7) | The ADMISSION DATE/TIME for the patient in internal^external format. (e.g., 2870213.0915^FEB 13,1987@ 09:15) |
| VAIN(8) | The ADMISSION TYPE for the patient in internal^external format. (e.g., 3^DIRECT) |

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| VAIN(9) | The ADMITTING DIAGNOSIS for the patient. (e.g., PSYCHOSIS) |
| VAIN(10) | The internal entry number of the PTF record corresponding to this admission. (e.g., 2032) |
| VAIN(11) | The ATTENDING PHYSICIAN in internal^external format. (e.g., 25^SMITH,JOHN) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

8. IN5^VADPT

This entry point will return data related to an inpatient episode.

| | | |
|--------|--------|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAHOW | This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAIP(1) would be VAIP("MN")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAIP",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAIP",\$J,"MN")) |
| | VAROOT | This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGI5") |

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| VAIP("D") | <p>This optional variable can be defined as follows.</p> <p>VAIP("D")=VA FileManager date in internal format. If the patient was an inpatient at the date/time passed, movement data pertaining to that date/time will be returned.</p> <p>VAIP("D")="LAST" Movement data pertaining to the last movement on file, regardless if patient is a current inpatient.</p> <p>VAIP("D")=valid date without time Will return movement data if patient was an inpatient at any time during the day on the date that was passed in.</p> <p>VAIP("D") - not passed Will return movement data if the patient was in inpatient based on "now".</p> |
| VAIP("L") | <p>This optional variable, when passed, will include lodgers movements in the data. (e.g., VAIP("L")="")</p> |
| VAIP("V") | <p>Can be defined as the variable used instead of VAIP(. (e.g., VAIP("V")="SD")</p> |
| VAIP("E") | <p>This optional variable is defined as the internal file number of a specific movement. If this is defined, VAIP("D") is ignored. (e.g., VAIP("E")=123445)</p> |
| VAIP("M") | <p>This optional variable can be passed as a "1" or a "0" (or null).</p> |

VAIP("M")=0 - The array returned will be based on the admission movement associated with the movement date/time passed.

VAIP("M")=1 - The array returned will be based on the last movement associated with the date/time passed.

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| Output: | VAIP(1) | The INTERNAL FILE NUMBER [IFN] of the movement found for the specified date/time. (e.g., 231009) |
| | VAIP(2) | <p>The TRANSACTION TYPE of the movement in internal^external format where:</p> <p>1=admission 2=transfer 3=discharge 4=check-in lodger 5=check-out lodger 6=specialty transfer</p> <p>(e.g., 3^DISCHARGE)</p> |
| | VAIP(3) | <p>The MOVEMENT DATE/TIME in internal^external date format.</p> <p>(e.g., 2880305.09^MAR 5,1988@09:00)</p> |
| | VAIP(4) | <p>The TYPE OF MOVEMENT in internal^external format.</p> <p>(e.g., 4^INTERWARD TRANSFER)</p> |
| | VAIP(5) | <p>The WARD LOCATION to which patient was assigned with that movement in internal^external format. (e.g., 32^1B-SURG)</p> |
| | VAIP(6) | <p>The ROOM-BED to which the patient was assigned with that movement in internal^external format.</p> <p>(e.g., 88^201-01)</p> |

| | |
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| VAIP(7) | The PRIMARY CARE PHYSICIAN assigned to the patient in internal^external format. (e.g., 3^SMITH,JACOB) |
| VAIP(8) | The TREATING SPECIALTY assigned with that movement in internal^external format. (e.g., 98^OPTOMETRY) |
| VAIP(9) | The DIAGNOSIS assigned with that movement. (e.g., UPPER GI BLEEDING) |
| VAIP(10) | This will return a "1" in the first piece if the patient is in a bed status; otherwise, a "0" will be returned. A non-bed status is made based on the last transfer type, if one exists, and a transfer to a non-bed status, (i.e., authorized absence, unauthorized absence, etc.) The second piece will contain the name of the last transfer type should one exist. (e.g., 1^FROM AUTHORIZED ABSENCE) |
| VAIP(11) | If patient is in an absence status on the movement date/time, this will return the EXPECTED RETURN DATE from absence in internal^external format. (e.g., 2880911^SEP 11,1988) |
| VAIP(12) | The internal entry number of the PTF record corresponding to this admission. (e.g., 2032) |
| VAIP(13) | The INTERNAL FILE NUMBER of the admission associated with this movement. (e.g., 200312) |
| VAIP(13,1) | The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00) |

- VAIP(13,2) The TRANSACTION TYPE in internal^external format.
(e.g., 1^ADMISSION)
- VAIP(13,3) The MOVEMENT TYPE in internal^external format.
(e.g., 15^DIRECT)
- VAIP(13,4) The WARD LOCATION associated with this patient with this movement in internal^external format.
(e.g., 5^7BSCI)
- VAIP(13,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.
(e.g., 16^JONES, CHARLES C)
- VAIP(13,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.
(e.g., 3^NEUROLOGY)
- VAIP(14) The INTERNAL FILE NUMBER of the last movement associated with this movement.
(e.g., 187612)
- VAIP(14,1) The MOVEMENT DATE/TIME in internal^external format.
(e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(14,2) The TRANSACTION TYPE in internal^external format.
(e.g., 2^TRANSFER)
- VAIP(14,3) The MOVEMENT TYPE in internal^external format.
(e.g., 4^INTERWARD TRANSFER)
- VAIP(14,4) The WARD LOCATION associated with this patient with this movement in internal^external format.
(e.g., 5^7BSCI)

- VAIP(14,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.
(e.g., 16^JONES, CHARLES C)
- VAIP(14,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.
(e.g., 3^NEUROLOGY)
- VAIP(15) The INTERNAL FILE NUMBER of the movement which occurred immediately prior to this one, if one exists. (e.g., 153201)
- VAIP(15,1) The MOVEMENT DATE/TIME in internal^external format.
(e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(15,2) The TRANSACTION TYPE in internal^external format.
(e.g., 2^TRANSFER)
- VAIP(15,3) The MOVEMENT TYPE in internal^external format.
(e.g., 4^INTERWARD TRANSFER)
- VAIP(15,4) The WARD LOCATION associated with this patient with this movement in internal^external format.
(e.g., 5^7BSCI)
- VAIP(15,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.
(e.g., 16^JONES, CHARLES C)
- VAIP(15,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.
(e.g., 3^NEUROLOGY)

| | |
|------------|--|
| VAIP(16) | The INTERNAL FILE NUMBER of the movement which occurred immediately following this one, if one exists. (e.g., 146609) |
| VAIP(16,1) | The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00) |
| VAIP(16,2) | The TRANSACTION TYPE in internal^external format. (e.g., 2^TRANSFER) |
| VAIP(16,3) | The MOVEMENT TYPE in internal^external format. (e.g., 4^INTERWARD TRANSFER) |
| VAIP(16,4) | The WARD LOCATION associated with this patient with this movement in internal^external format. (e.g., 5^7BSCI) |
| VAIP(16,5) | The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format. (e.g., 16^JONES, CHARLES C) |
| VAIP(16,6) | The TREATING SPECIALTY for the patient for this movement in internal^external format. (e.g., 3^NEUROLOGY) |
| VAIP(17) | The INTERNAL FILE NUMBER of the discharge associated with this movement. (e.g., 1902212) |
| VAIP(17,1) | The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00) |
| VAIP(17,2) | The TRANSACTION TYPE in internal^external format. (e.g., 3^DISCHARGE) |

| | |
|------------|--|
| VAIP(17,3) | The MOVEMENT TYPE in internal^external format. (e.g., 16^REGULAR) |
| VAIP(17,4) | The WARD LOCATION associated with this patient for this movement in internal^external format. (e.g., 5^7BSCI) |
| VAIP(17,5) | The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format. (e.g., 16^JONES, CHARLES C) |
| VAIP(17,6) | The TREATING SPECIALTY for the patient for this movement in internal^external format. (e.g., 3^NEUROLOGY) |
| VAIP(18) | The ATTENDING PHYSICIAN assigned to the patient for this movement in internal^external format. (e.g., 25^SMITH,JOHN) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

9. OPD^VADPT

Returns other pertinent patient data which is commonly used but not contained in any other calls to VADPT.

| | | |
|--------|-----|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
|--------|-----|--|

| | | |
|---------|---------|---|
| | VAHOW | <p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAPD(1) would be VAPD("BC"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAPD",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAPD",\$J,"BC"))</p> |
| | VAROOT | <p>This optional variable can be set to a local variable or global name in which to return the output.</p> <p>(e.g., VAROOT="DGPD")</p> |
| Output: | VAPD(1) | The PLACE OF BIRTH [CITY]. (e.g., SAN FRANCISCO) |
| | VAPD(2) | The PLACE OF BIRTH [STATE] in internal^external format. (e.g., 6^CALIFORNIA) |
| | VAPD(3) | The FATHER'S NAME. (e.g., SMITH,FRED Z.) |
| | VAPD(4) | The MOTHER'S NAME. (e.g., MARY) |
| | VAPD(5) | The MOTHER'S MAIDEN NAME. (e.g., JONES,MARGARET) |
| | VAPD(6) | The patient's OCCUPATION. (e.g., CARPENTER) |

| | |
|---------|---|
| VAPD(7) | The patient's EMPLOYMENT STATUS in internal^external format. (e.g., 4^SELF EMPLOYED) |
| VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

10. **REG^VADPT**

Returns REGISTRATION/DISPOSITION data.

| | | |
|--------|-----------|---|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAROOT | This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGADD") |
| | VARP("F") | Can be defined as the "from" date for which registrations are desired. This must be passed as a valid VA File-Manager date. (e.g., VARP("F")=2930101) |
| | VARP("T") | Can be defined as the "to" date for which registrations are desired. This must be passed as a valid VA File-Manager date. If neither VARP("F") nor VARP("T") are defined, all registrations will be returned. (e.g., VARP("T")=2930530) |
| | VARP("C") | Can be defined as the number of registrations you want returned in the array. (e.g., VARP("C")=5 - will return 5 most recent) |

| | | |
|---------|----------------------------|---------------------------------|
| Output: | ^UTILITY("VARP",\$J,#,"I") | Internal format |
| | ^UTILITY("VARP",\$J,#,"E") | External format |
| | Piece 1 | Registration Date/Time |
| | Piece 2 | Status |
| | Piece 3 | Type of Benefit applied for |
| | Piece 4 | Facility Applying to |
| | Piece 5 | Who Registered |
| | Piece 6 | Log out (disposition) date/time |
| | Piece 7 | Disposition Type |
| | Piece 8 | Who Dispositioned |

VAERR The error flag will have one of the following values.

0 -- no errors encountered

1 -- error encountered - DFN or
^DPT(DFN,0) is not defined

11. **SDE^VADPT**

Returns ACTIVE clinic enrollments for a patient.

| | | |
|--------|-----|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
|--------|-----|--|

| | | |
|---------|----------------------------|-----------------|
| Output: | ^UTILITY("VAEN",\$J,#,"I") | Internal format |
| | ^UTILITY("VAEN",\$J,#,"E") | External format |

| | |
|---------|--------------------|
| Piece 1 | Clinic Enrolled in |
| Piece 2 | Enrollment Date |
| Piece 3 | OPT or AC |

VAERR The error flag will have one of the following values.

0 -- no errors encountered

1 -- error encountered - DFN or
^DPT(DFN,0) is not defined

12. SDA^VADPT

Returns APPOINTMENT DATE/TIME data for a patient.

| | | |
|--------|-------------------|--|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VASD("T") | Can be defined as the "to" date for which registrations are desired. This must be passed as a valid VA File-Manager date. If neither VASD("F") nor VASD("T") are defined, all future appointments will be returned. |
| | VASD("F") | Can be defined as the "from" date for which appointments are desired. This must be passed as a valid VA File-Manager date. If not defined, it is assumed only future appointments should be returned. |
| | VASD("W") | Can be passed as the specific STATUS desired in the following format. If not passed, only those appointments which are still scheduled (or kept in the event of a past date) for both inpatients and outpatients will be returned. |
| | If VASD("W") | |
| | <u>Contains a</u> | <u>These appts. are returned</u> |
| | 1 | Active/Kept |
| | 2 | Inpatient appts. only |
| | 3 | No-shows |
| | 4 | No-shows, auto-rebook |
| | 5 | Cancelled by Clinic |
| | 6 | Cancelled by Clinic, auto rebook |
| | 7 | Cancelled by Patient |
| | 8 | Cancelled by Patient, auto rebook |
| | 9 | No action taken |

VASD("C",Clinic IFN)

Can be set up to contain only those internal file entries from the HOSPITAL LOCATION file for clinics which you would like to see appointments for this particular patient. You may define this array with just one clinic or with many. If you do not define this variable, it will be assumed that you want appointments for this patient in all clinics returned.

Output:

^UTILITY("VASD",\$J,#,"I") Internal format
^UTILITY("VASD",\$J,#,"E") External format

Piece 1 Date/Time of Appointment
Piece 2 Clinic
Piece 3 Status
Piece 4 Appointment Type

VAERR

The error flag will have one of the following values.

0 -- no errors encountered
1 -- error encountered - DFN or
 ^DPT(DFN,0) is not defined

13. PID^VADPT

This call is used to obtain the patient identifier in long and brief format.

Input:

DFN

This required variable is the internal entry number in the PATIENT file.

VAPTYP

This optional variable can be set to the internal number of a patient eligibility. The variable can be used to indicate the patient's type such as VA, DOD, or IHS through the eligibility. If this variable is not defined or the eligibility does not exist, the VA patient IDs will be returned.

| | | |
|---------|-----------|--|
| Output: | VA("PID") | The long patient identifier. (e.g., 111-22-3333P) |
| | VA("BID") | The short patient identifier. (e.g., 3333P) |
| | VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

14. PID^VADPT6

This call returns the same variables as the call mentioned above, but will eliminate the unnecessary processing time required calling PID^VADPT.

15. ADM^VADPT2

This returns the internal file number of the admission movement. If VAINDT is not defined, this will use "NOW" for the date/time.

| | | |
|---------|--------|---|
| Input: | DFN | This required variable is the internal entry number in the PATIENT file. |
| | VAINDT | This optional variable may be set to a past date/time for which the programmer wishes to know the patient's inpatient status. This must be passed as an internal VA FileManager date/time format. (e.g., 2880101.08) |
| Output: | VADMVT | Returns the internal file number of the admission movement. |
| | VAERR | The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined |

16. KVAR^VADPT

This call is used to remove all variables defined by the VADPT routine. The programmer should elect to utilize this call to remove the arrays which were returned by VADPT.

17. KVA^VADPT

This call is used as above and will also kill the VA("BID") and VA("PID") variables.

18. COMBINATIONS

The following calls may be made to return a combination of arrays with a single call.

Input: DFN This required variable is the internal entry number in the PATIENT file.

See specific call for other variable input

Output:

| CALL | DEMOGRAPHIC | ELIGIBILITY | INPATIENT | INPATIENT | ADDRESS | SERVICE | MONETARY | REGISTRATION | ENROLLMENT | APPOINTMENT |
|------|-------------|-------------|-----------|-----------|---------|---------|----------|----------------|----------------|----------------|
| | VADM | VAEL | VAIN | VAIP | VAPA | VASV | VAMB | UTILITY("VARP" | UTILITY("VAEN" | UTILITY("VASD" |
| OERR | X | | X | | | | | | | |
| 1 | X | | X | | | | | | | |
| 2 | X | X | | | | | | | | |
| 3 | | X | X | | | | | | | |
| 4 | X | | | | X | | | | | |
| 5 | | | X | | X | | | | | |
| 6 | X | X | | | X | | | | | |
| 7 | | X | | | | X | | | | |
| 8 | | X | | | | X | X | | | |
| 9 | X | | | | | | | X | X | X |
| 10 | | | | | | | | | X | X |
| 51 | X | | | X | | | | | | |
| 52 | | X | | X | | | | | | |
| 53 | | | | X | X | | | | | |
| ALL | X | X | X | | X | X | X | X | X | X |
| A5 | X | X | | X | X | X | X | X | X | X |

| Call | Variable | Alpha Translation |
|------|----------|-------------------|
|------|----------|-------------------|

| | | |
|------------------|----------|------------|
| DEM^VADPT | VADM(1) | VADM("NM") |
| | VADM(2) | VADM("SS") |
| | VADM(3) | VADM("DB") |
| | VADM(4) | VADM("AG") |
| | VADM(5) | VADM("SX") |
| | VADM(6) | VADM("EX") |
| | VADM(7) | VADM("RE") |
| | VADM(8) | VADM("RA") |
| | VADM(9) | VADM("RP") |
| | VADM(10) | VADM("MS") |

| | | |
|-------------------|-----------|--------------|
| ELIG^VADPT | VAEL(1) | VAEL("EL") |
| | VAEL(1,#) | VAEL("EL",#) |
| | VAEL(2) | VAEL("PS") |
| | VAEL(3) | VAEL("SC") |
| | VAEL(4) | VAEL("VT") |
| | VAEL(5) | VAEL("IN") |
| | VAEL(5,#) | VAEL("IN",#) |
| | VAEL(6) | VAEL("TY") |
| | VAEL(7) | VAEL("CN") |
| | VAEL(8) | VAEL("ES") |
| | VAEL(9) | VAEL("MT") |

| | | |
|-----------------|---------|------------|
| MB^VADPT | VAMB(1) | VAMB("AA") |
| | VAMB(2) | VAMB("HB") |
| | VAMB(3) | VAMB("SS") |
| | VAMB(4) | VAMB("PE") |
| | VAMB(5) | VAMB("MR") |
| | VAMB(6) | VAMB("SI") |
| | VAMB(7) | VAMB("DI") |
| | VAMB(8) | VAMB("OR") |
| | VAMB(9) | VAMB("GI") |

| Call | Variable | Alpha Translation |
|------------------|-----------------|--------------------------|
| SVC^VADPT | VASV(1) | VASV("VN") |
| | VASV(1,#) | VASV("VN",#) |
| | VASV(2) | VASV("AO") |
| | VASV(2,#) | VASV("AO",#) |
| | VASV(3) | VASV("IR") |
| | VASV(3,#) | VASV("IR",#) |
| | VASV(4) | VASV("PW") |
| | VASV(4,#) | VASV("PW",#) |
| | VASV(5) | VASV("CS") |
| | VASV(5,#) | VASV("CS",#) |
| | VASV(6) | VASV("S1") |
| | VASV(6,#) | VASV("S1",#) |
| | VASV(7) | VASV("S2") |
| | VASV(7,#) | VASV("S2",#) |
| | VASV(8) | VASV("S3") |
| | VASV(8,#) | VASV("S3",#) |

| | | |
|------------------|----------|------------|
| ADD^VADPT | VAPA(1) | VAPA("L1") |
| | VAPA(2) | VAPA("L2") |
| | VAPA(3) | VAPA("L3") |
| | VAPA(4) | VAPA("CI") |
| | VAPA(5) | VAPA("ST") |
| | VAPA(6) | VAPA("ZP") |
| | VAPA(7) | VAPA("CO") |
| | VAPA(8) | VAPA("PN") |
| | VAPA(9) | VAPA("TS") |
| | VAPA(10) | VAPA("TE") |
| | VAPA(11) | VAPA("Z4") |

| Call | Variable | Alpha Translation |
|------|----------|-------------------|
|------|----------|-------------------|

| | | |
|------------------|----------|------------|
| OAD^VADPT | VAOA(1) | VAOA("L1") |
| | VAOA(2) | VAOA("L2") |
| | VAOA(3) | VAOA("L3") |
| | VAOA(4) | VAOA("CI") |
| | VAOA(5) | VAOA("ST") |
| | VAOA(6) | VAOA("ZP") |
| | VAOA(7) | VAOA("CO") |
| | VAOA(8) | VAOA("PN") |
| | VAOA(9) | VAOA("NM") |
| | VAOA(10) | VAOA("RE") |
| | VAOA(11) | VAOA("Z4") |

| | | |
|------------------|----------|------------|
| INP^VADPT | VAIN(1) | VAIN("AN") |
| | VAIN(2) | VAIN("DR") |
| | VAIN(3) | VAIN("TS") |
| | VAIN(4) | VAIN("WL") |
| | VAIN(5) | VAIN("RB") |
| | VAIN(6) | VAIN("BS") |
| | VAIN(7) | VAIN("AD") |
| | VAIN(8) | VAIN("AT") |
| | VAIN(9) | VAIN("AF") |
| | VAIN(10) | VAIN("PT") |
| | VAIN(11) | VAIN("AP") |

| Call | Variable | Alpha Translation |
|------------------|------------|-------------------|
| IN5^VADPT | VAIP(1) | VAIP("MN") |
| | VAIP(2) | VAIP("TT") |
| | VAIP(3) | VAIP("MD") |
| | VAIP(4) | VAIP("MT") |
| | VAIP(5) | VAIP("WL") |
| | VAIP(6) | VAIP("RB") |
| | VAIP(7) | VAIP("DR") |
| | VAIP(8) | VAIP("TS") |
| | VAIP(9) | VAIP("MF") |
| | VAIP(10) | VAIP("BS") |
| | VAIP(11) | VAIP("RD") |
| | VAIP(12) | VAIP("PT") |
| | VAIP(13) | VAIP("AN") |
| | VAIP(13,#) | VAIP("AN",#) |
| | VAIP(14) | VAIP("LN") |
| | VAIP(14,#) | VAIP("LN",#) |
| | VAIP(15) | VAIP("PN") |
| | VAIP(15,#) | VAIP("PT",#) |
| | VAIP(16) | VAIP("NN") |
| | VAIP(16,#) | VAIP("NN",#) |
| | VAIP(17) | VAIP("DN") |
| | VAIP(17,#) | VAIP("DN",#) |
| | VAIP(18) | VAIP("AP") |
| OPD^VADPT | VAPD(1) | VAPD("BC") |
| | VAPD(2) | VAPD("BS") |
| | VAPD(3) | VAPD("FN") |
| | VAPD(4) | VAPD("MN") |
| | VAPD(5) | VAPD("MM") |
| | VAPD(6) | VAPD("OC") |
| | VAPD(7) | VAPD("ES") |

Appendix B - EDR Error Message Reference Guide

This appendix has been prepared for use by personnel at VAMC sites who are using Event-Driven Reporting (EDR) Version 1.5. We assume that the reader has an understanding of the core functions and the principal design features of the EDR system. If further information is needed about the design, refer to the EDR Technical Manual at your facility or contact your ISC help desk.

EDR utilizes a flexible communications standard called "HL7" (Health Level Seven) for transmission of patient-specific data from VAMCs to the EDR central repositories (called "Repository Collection Points" or RCPs). This same standard also provides feedback to the VAMC in the form of acknowledgment messages (message type "ACK" in the HL7 parlance). These ACK messages may indicate to the DHCP software at the VAMC that the messages have successfully been decoded and posted into the repository data base, or they may indicate a possible error or ambiguity which requires clarification or correction by VAMC personnel. This appendix will explain why these messages were generated by the RCP and what action is expected by the VAMC in response. It is not necessary for VAMC personnel to have knowledge of HL7. It is the intention of the design team that EDR error messages will be clearly understandable in English and that this appendix will supply all information needed for VAMC personnel to respond appropriately. Moreover, the VAMC recipient will differ depending on the type of error message being transmitted.

One aspect of the EDR design warrants amplification at this point. *The sole source of data (including updates and corrections) in the EDR RCP is the medical center's DHCP computer system.* Data is automatically extracted from the MAS package already in use at the VAMC. If an error is found by the EDR automated error-checking software, the only possible pathway for correction is via the appropriate VAMC DHCP package. Thus, responsibility for the accuracy and quality of data in EDR repositories is in the hands of VAMC personnel, who utilize DHCP packages with which they are already familiar to correct errors.

Will the EDR data base ever be error-free? No. Although perfection is a worthy goal, it is not a realistic one. However, the overall error rate in the EDR repository is intended to be below 1 percent. Remember, only a small subset of DHCP data is transmitted to EDR. This data is used to calculate and track workload for the VAMC. It is in the interest of the VAMC that this subset of the local VAMC data be accurate in the EDR repository, because future resource allocations and some current local and regional management decisions will be based on that data. The EDR system assumes that the latest data is the most accurate data. Not necessarily perfect, simply the most accurate. If an error is detected and corrected, the EDR repository will immediately reflect this improved data quality.

By providing very timely acknowledgment and notification of possible errors, EDR places in the hands of VAMC the information needed to correct any data problems within 24 hours of their occurrence. If the VAMC does not correct an error, it will remain uncorrected.

Table of EDR Error Messages Generated by the Repository Collection Point (RCP)

Listed alphabetically

Note: All error messages with one exception include the DHCP visit number of the offending HL7 message. This should help in tracing the source of the error.

| Message | Error Type |
|---|------------|
| Admit date is bad or missing. Visit number nnnnn | AR |
| Admit-date-time not found. Visit number nnnnn | AR |
| Admit-date-time bad format. Visit number nnnnn | AR |
| Admit-date-time change conflicts with a previous episode. Visit number nnnnn | AR |
| Ambiguous patient ID: Missing SSN. Visit number nnnnn | AR |
| Ambiguous patient ID: Missing name or DOB. Visit number nnnnn | AR |
| Cancel, but can't find event to cancel. Visit number nnnnn | AE |
| Discharge date is bad or missing. Visit number nnnnn | AR |
| Duplicate discharge or dates out of order. Visit number nnnnn | AR |
| Event date is bad or missing. Visit number nnnnn | AR |
| Facility ID number is invalid. Visit number nnnnn | AR |
| Not your patient. Visit number nnnnn | AR |
| Overlapping episodes of care. Visit numbers nnnnn nnnnn | AE |
| Transfer date is bad or missing. Visit number nnnnn | AR |
| Treating specialty invalid. Visit number nnnnn | AR |
| Visit number is bad or missing. Visit number nnnnn (may be absent) | AR |

Error Types

AR: Data rejected, and nothing is posted to the EDR database.

AE: Data contains errors, but has been posted to the EDR database. If the error is corrected, the database will be corrected.

Detailed Explanation of Error Messages and Expected Action by VAMC

| | |
|--|--|
| Admit date is bad or missing. | The event date received by the RCP for the admission event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Admit-date-time not found. | This information is mandatory for EDR data base operations. Edit the admission (corresponding to the Visit Number in this message) in DHCP with correct information. |
| Admit-date-time bad format. | The correct DHCP format is: MM/DD/YY@HHMM. If seconds are transmitted, EDR ignores them. DHCP allows flexibility for entering date and time. |
| Admit-date-time change conflicts with a previous episode. | The new admit-date-time conflicts with another episode already posted in the EDR data base. |
| Ambiguous patient ID Missing SSN. | Supply the patient's Social Security Number in the correct format for the DHCP visit number specified in the error message. |
| Ambiguous patient ID Missing name or DOB. | EDR requires a minimum of the patient's surname and year of birth. If these are correct for the DHCP visit number specified, contact your ISC help desk. |
| Cancel, but can't find event to cancel. | The EDR data base does not contain a prior record of the event which is to be cancelled. No action is required from the facility unless the missing event was judged to be essential, in which case it must be re-entered into DHCP, and the cancel re-entered following this. |
| Discharge date is bad or missing. | The event date received by the RCP for the discharge event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Duplicate discharge or dates out of order. | VAMC must determine the correct discharge, then edit the date in DHCP, or cancel the invalid discharge. (Use the DHCP visit number[s] contained in the message.) |
| Event date is bad or missing. | This message will be used only if the type of event (such as admission, discharge, etc.) cannot be determined. The event date received by the RCP for the event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |

| | |
|---|---|
| Facility ID is invalid. | The facility ID is not recognized by the EDR data base. If it is correct, contact your ISC help desk. The correct format is: NNNaaaa, where the alpha characters "aaaa" are optional, and used only in cases delineated by MAS standards. |
| Not your patient. | This patient currently has an active episode at another facility. Check the patient ID and, if it is correct, contact the ISC help desk. |
| Overlapping episodes of care. | The event (referred to by the visit number in this message) implies two simultaneous episodes of care, which EDR will not allow. Check the events to determine if they were entered out-of-sequence in DHCP, or if this patient was discharged prior to the second event, in which case the discharge must be re-entered or edited in DHCP. This error may also occur if ASIH transfers have been sequenced or entered incorrectly. Contact your ISC help desk if no DHCP errors are found. |
| Transfer date is bad or missing. | The event date received by the RCP for the transfer event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Treating specialty invalid. | The treating specialty code for this DHCP visit number is not recognized by the EDR data base. Edit the treating specialty code in DHCP for this visit number. |
| Visit number is bad or missing. | In most cases, this will occur due to a transmission error between the VAMC and the RCP. Determine the event (from the date & time of the event) and re-enter into DHCP. Contact your ISC help desk also. |

Appendix C - EDR Troubleshooting Guide

EDR Troubleshooting Guide

This guide is designed to assist you in troubleshooting problems with Version 1.5 of the Event Driven Reporting (EDR) package. For ease of reference, problems are grouped into three categories:

| CAPTURE PROBLEMS | PROCESS PROBLEMS | TRANSMISSION PROBLEMS |
|--|---|---|
| Data is not being recorded in the EDR EVENT file (#705). | Data is not being placed in mail messages or is not being deleted from the PIMS EDR EVENT file. | Mail messages are not being sent or received. |

Once you have determined the category of your problem, find the specific problem in the table below that most closely matches what you are seeing. Follow the steps for corrective action in the order suggested. The steps are listed in order starting with the most common solution to a specific problem.

| Capture Problems | Process Problems | Transmission Problems |
|--|---|---|
| <p><i>PTF Release Events Not Being Captured</i></p> <p>1. Check that the "AEDR" cross-reference exists on the DATE TRANSMITTED field (#1) of the PTF RECORD (multiple) field (#10) of the PTF RELEASE file (#45.83). Refer to the EDR Installation Guide for information on how this cross-reference should look.</p> <p>2. Check the Kernel error log for errors in the VAFEDG routine. Contact your ISC support person for patches for any errors you find.</p> <hr/> <p><i>Inpatient Movement Events Not Being Captured</i></p> <p>1. Check that the VAFED EDR INPATIENT CAPTURE EVENTS protocol exists in the PROTOCOL file (#101). Check that the ENTRY ACTION field (#20) of the protocol contains the MUMPS code "D ^VAFEDG". Check that this protocol has been added as an ITEM (multiple) field (#10) entry on the DGPM MOVEMENT EVENTS protocol.</p> <p>2. Check the Kernel error log for errors in the routine VAFEDG. Contact your ISC support person for patches for any errors you find.</p> | <p><i>Events Remaining in PIMS EDREVENT File</i></p> <p>1. Check that the Process PIMS Events for EDR option exists in the OPTION file (#19). Check that this option has been queued to run on a daily basis. Check that the ROUTINE field (#25) contains the MUMPS code "EN1^VAFEDG1".</p> <p>2. Check the Kernel error trap for errors in the routine VAFEDG1. Contact your ISC support person for patches for any errors you find.</p> <hr/> <p><i>Mail Messages Not Being Built</i></p> <p>1. Run the Failed HL7 Transmissions Print/Display option on the Print/Display Menu of the DHCP HL7 package to see if there have been any errors during the processing of events in the PIMS EDR EVENT file (#391.51). Normally these error messages will indicate the problem that needs to be corrected.</p> <p>2. Check the Kernel error trap for errors in the VAFEDG1, HLTRANS, HLTF or HLFNC routines. Contact your ISC support person for patches for any errors you find.</p> | <p><i>Mail Messages Not Being Sent</i></p> <p>1. Check that you have an EDR-MAS mail group in the MAIL GROUP file (#3.8) with at least one MEMBER entered and the appropriate REMOTE MEMBER entered. Refer to the EDR Installation Guide for instructions on setting up this mail group.</p> <p>2. Check that the entry in the DOMAIN file (#4.2) for the remote member to which you are sending your messages is set up correctly. Refer to the EDR Installation Guide for specific instructions on how the DOMAIN file entry should be set up.</p> <p>3. Run the Failed HL7 Transmissions Print/Display option on the Print/Display Menu of the DHCP HL7 package to see if there have been any errors related to building/transmitting mail messages. Normally these error messages will indicate the problem that needs to be corrected.</p> <p>4. Check that the mail messages are in the Postmaster message queue. Use the MailMan option to play a script to the queue (domain) to which you are sending your messages. If a problem is encountered, refer to the MailMan documentation for troubleshooting guidance.</p> <hr/> <p><i>Mail Messages Not Being Acknowledged or EDR Reports not Being Received</i></p> <p>1. Check that you have the RCP-EDR REPORTS Mail Group in the MAIL GROUP file (#3.8), that the mail group has a TYPE of "public", does not have any AUTHORIZED SENDERS, and has at least one MEMBER. Refer to the EDR Installation Guide for instructions on setting up this mail group.</p> |

| EDR Error Messages Generated by the Repository Collection Point (RCP) | | |
|--|------------|---|
| Message | Error Type | Error Type |
| Admit-date is bad or missing: Visit number nnnnn | AR | AR: Data rejected, and nothing is posted to the EDR database. |
| Admit-date-time not found: Visit number nnnnn | AR | |
| Admit-date-time bad format: Visit number nnnnn | AR | AE: Data contains errors, but has been posted to the EDR database. If the error is corrected, the database will be corrected. |
| Admit-date-time change conflicts with a previous episode. Visit number nnnnn | AR | |
| Ambiguous patient ID: Missing SSN. Visit number nnnnn | AR | |
| Ambiguous patient ID: Missing name or DOB. Visit number nnnnn | AR | |
| Cancel, but can't find event to cancel. Visit number nnnnn | AE | |
| Discharge date bad or missing. Visit number nnnnn | AR | |
| Duplicate discharge or dates out of order. Visit number nnnnn | AR | |
| Event date bad or missing. Visit number nnnnn | AR | |
| Facility ID number invalid. Visit number nnnnn | AR | |
| Not your patient. Visit number nnnnn | AR | |
| Overlapping episodes of care. Visit numbers nnnnn nnnnn | AE | |
| Transfer date bad or missing. Visit number nnnnn | AR | |
| Treating specialty invalid. Visit number nnnnn | AR | |
| Visit number is bad or missing. Visit number nnnnn (may be absent) | AR | |

| Detailed Explanation of Error Messages and Expected Action by VAMC | |
|--|---|
| Admit date is bad or missing | The event date received by the RCP for the admission event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Admit-date-time not found | This information is mandatory for EDR database operations. Edit the admission (corresponding to the visit number in this message) in DHCP with correct information. |
| Admit-date-time bad format | The correct DHCP format is: MM/DD/YY@HHMM. If seconds are transmitted, the EDR database ignores them. DHCP allows flexibility for entering date and time. |
| Admit-date-time change conflicts with a previous episode | The new admit-date-time conflicts with another episode already posted in the EDR database. |
| Ambiguous patient ID: Missing SSN | Supply the patient's Social Security Number in the correct format for the DHCP visit number specified in the error message. |
| Ambiguous patient ID: Missing name or DOB | EDR requires a minimum of the patient's surname and year of birth. If these are correct for the DHCP visit number specified, contact your ISC help desk. |
| Cancel, but can't find event to cancel | The EDR database does not contain a prior record of the event which is to be cancelled. No action is required from the facility, unless the missing event was judged to be essential, in which case it must be re-entered into DHCP, and the cancel re-entered following this. |
| Discharge date is bad or missing | The event date received by the RCP for the discharge event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Duplicate discharge or dates out of order | VAMC must determine the correct discharge, then edit the date in DHCP, or cancel the invalid discharge (Use the DHCP visit number[s] contained in the message.) |
| Event date is bad or missing | This message will be used only if the type of event (such as admission, discharge, etc.) cannot be determined. The event date received by the RCP for the event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Facility ID is invalid | The facility ID is not recognized by the EDR database. If it is correct, contact your ISC help desk. The correct format is: NNNaaaa, where the characters "aaaa" are optional, and used only in cases delineated by MAS standards. |
| Not your patient | This patient currently has an active episode at another facility. Check the patient ID, and if it is correct, contact your ISC help desk. |
| Overlapping episodes of care | The event (referred to by the visit number in this message) implies two simultaneous episodes of care, which is not allowed. Check the events to determine if they were entered out-of-sequence in DHCP, or if this patient was discharged prior to the second event, in which case the discharge must be re-entered or edited in DHCP. This error may also occur if ASIH transfers have been sequenced or entered incorrectly. Contact your ISC help desk if no DHCP errors are found. |
| Transfer date is bad or missing | The event date received by the RCP for the transfer event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility. |
| Treating specialty invalid | The treating specialty code for this DHCP visit number is not recognized by the EDR database. Edit the treating specialty code in DHCP for this visit number. |
| Visit number is bad or missing | In most cases, this will occur due to a transmission error between the VAMC and the RCP. Determine the event (from the date & time of the event) and re-enter into DHCP. Contact your ISC help desk also. |

Appendix D - HL7 Interface Specifications

HEALTH LEVEL 7 INTERFACE SPECIFICATIONS ALBANY INFORMATION SYSTEMS CENTER DEPARTMENT OF VETERANS AFFAIRS

DECENTRALIZED HOSPITAL COMPUTER PROGRAM EXCHANGE OF MAS HEALTH CARE INFORMATION

JULY 1993

1. PURPOSE

This document specifies an interface to the DHCP MAS package based upon the HL7 protocol. It is intended that this interface form the basis for the exchange of health care information between the DHCP MAS package and the Boston Development Center Event Driven Reporting (EDR) data base which will reside on multiple Repository Collection Points (RCP).

2. SCOPE

This document describes messages that are exchanged between the DHCP MAS package and the RCPs for the purpose of exchanging information concerning admission, discharge, and transfer movements as well as a patient information update and outpatient episode messages.

3. GENERAL SPECIFICATIONS

3.1 Communication Protocol

The DHCP MailMan electronic mail system will be used as the communications protocol for sending HL7 messages between the DHCP and RCPs.

3.2 Application Processing Rules

The HL7 protocol itself describes the basic rules for application processing by the sending and receiving systems. The HL7 version 2.2 protocol will be used. ADT and ORU messages are sent using the HL7 batch protocol.

3.3 Messages

The following HL7 messages will be used to support the exchange of MAS data.

| | |
|-----|---------------------------------|
| ACK | General Acknowledgment |
| ADT | ADT Message |
| ORU | Observation Results Unsolicited |
| QRY | Query Message |

3.4 Segments

The following HL7 segments will be used to support the exchange of MAS data.

| | |
|-----|--|
| BHS | Batch Header |
| BTS | Batch Trailer |
| EVN | Event Type |
| DG1 | Diagnosis |
| MSA | Message Acknowledgment |
| MSH | Message Header |
| NK1 | Next of Kin |
| OBR | Observation Request |
| OBX | Result |
| ORC | Common Order |
| PID | Patient Identification |
| PV1 | Patient Visit |
| PV2 | Patient Visit - additional information |
| ZEL | Patient Eligibility |

3.5 Fields

The following HL7 fields will be used to support the exchange of MAS data for each of the segments listed in paragraph 3.4.

| SEGMENT | FIELD SEQUENCE NUMBER | FIELD ELEMENT NAME | USER/HL7 DEFINED |
|---------|-----------------------------|---------------------------|---------------------|
| BHS | 1 | Batch Field Separator | HL7 |
| | 2 | Batch Encoding Characters | HL7 |
| | 3 | Batch Sending Application | HL7 |
| | 4 | Batch Sending Facility | HL7 |
| | 5 | Batch Receiving Appl. | HL7 |
| | 6 | Batch Receiving Facility | HL7 |
| | 7 | Batch Creation Date/Time | HL7 |
| | 8 | Batch Security | HL7 |
| | 9 | Batch Name/ID/Type | HL7 |
| | 10 | Batch Comment | HL7 |

| SEGMENT | FIELD SEQUENCE NUMBER | FIELD ELEMENT NAME | USER/HL7 DEFINED |
|------------|-----------------------------|--------------------------------------|-------------------------|
| BHS, cont. | 11 | Batch Control ID | HL7 |
| | 12 | Ref. Batch Control ID | HL7 |
| BTS | 1 | Batch Message Count | HL7 |
| EVN | 1 | Event Type Code | HL7 (Table 0003) |
| | 2 | Date/Time of Event | HL7 |
| DG1 | 1 | Set ID - Diagnosis | HL7 (# from 1-10) |
| | 2 | Diagnosis Coding Method | HL7 (Table 0053) |
| | 3 | Diagnosis Code | HL7 (ICD Codes) |
| | 6 | Diagnosis/DRG Type | USER (Table 0052) |
| MSA | 1 | Acknowledgment Code | HL7 (Table 0008) |
| | 2 | Message Control ID | HL7 |
| | 3 | Text Message | HL7 |
| MSH | 1 | Field Separator | HL7 |
| | 2 | Encoding Characters | HL7 |
| | 3 | Sending Application | HL7 |
| | 4 | Sending Facility | HL7 |
| | 5 | Receiving Application | HL7 |
| | 6 | Receiving Facility | HL7 |
| | 7 | Date/Time of Message | HL7 |
| | 8 | Security | HL7 |
| | 9 | Message Type | HL7 |
| | 10 | Message Control ID | HL7 |
| | 11 | Processing ID | HL7 |
| | 12 | Version ID | HL7 |
| NK1 | 1 | Set ID - Next of Kin | HL7 (Always two quotes) |
| OBR | 4 | Universal Service Identifier | HL7 |
| | 7 | Observation Date/Time | HL7 |
| | 8 | Observation End Date/Time | HL7 (Always two quotes) |
| | 9 | Collection Volume | HL7 (Always two quotes) |
| | 14 | Specimen Received Date/Time | HL7 (Always two quotes) |
| | 22 | Results Rpt/Status Chng Date/Time | HL7 |
| OBX | 1 | Set ID - Observation Simple | HL7 |
| | 2 | Value Type | HL7 |
| | 3 | Observation Identifier | HL7 |
| | 5 | Observation Results | HL7 (Always two quotes) |
| ORC | 1 | Order Control | HL7 (NW or CA) |

Appendix D - HL7 Interface Specifications

| SEGMENT | FIELD SEQUENCE NUMBER | FIELD ELEMENT NAME | USER/HL7 DEFINED |
|---------|-----------------------------|---------------------------|--------------------------|
| PID | 2 | Patient ID (External ID) | HL7 |
| | 3 | Patient ID (Internal ID) | HL7 |
| | 5 | Patient Name | HL7 |
| | 7 | Date of Birth | HL7 |
| | 8 | Sex | HL7 |
| | 11 | Patient Address | HL7 |
| | 19 | SSN Number - Patient | HL7 |
| ZEL | 1 | Set ID | USER (Sequential Number) |
| | 2 | Eligibility Code | USER (Table VA04) |
| PV1 | 1 | Set ID | HL7 (1=PTF, 2=Census) |
| | 2 | Patient Class | HL7 (Table 0004) |
| | 3 | Assigned Patient Location | HL7 (See Note 1) |
| | 6 | Prior Patient Location | HL7 (See Note 1) |
| | 7 | Attending Doctor | HL7 |
| | 10 | Hospital Service | USER (Table 0079) |
| | 14 | Admit Source | USER (Table 0023) |
| | 18 | Patient Type | USER (Table 0018) |
| | 19 | Visit Number | HL7 |
| | 36 | Discharge Disposition | USER (Table 0112) |
| | 37 | Discharged to Location | USER (Table 0113) |
| | 39 | Servicing Facility | HL7 |
| | 44 | Admit Date/Time | HL7 |
| PV2 | 3 | Admit Reason | USER (Table VA10) |

Note 1: The ASSIGNED PATIENT LOCATION and PRIOR PATIENT LOCATION fields are HL7 ID type fields that consist of three components: Nurse Unit, Room, and Bed. For the purposes of this interface, Nurse Unit will be considered synonymous with Ward Location. The value of the Ward Location component of the ASSIGNED or PRIOR PATIENT LOCATION fields will be a one to three digit code. The prior patient location and assigned patient location are not used for outpatient episode data (i.e., when Patient Class equals O), therefore, the PRIOR PATIENT LOCATION field will always be null and the ASSIGNED PATIENT LOCATION field will always equal two quotes ("").

TABLE 0018 PATIENT TYPE

| Value | Description |
|-------|--------------------|
| B | BLIND REHAB |
| D | DOMICILIARY |
| I | INTERMEDIATE MED |
| M | MEDICINE |
| NC | NON-COUNT |
| NE | NEUROLOGY |
| NH | NHCU |
| P | PSYCHIATRY |
| R | REHAB MEDICINE |
| S | SURGERY |
| SC | SPINAL CORD INJURY |

TABLE 0023 ADMIT SOURCE

| Value | Description |
|-------|--|
| 1D | VA NURSING HOME CARE UNIT |
| 1E | VA DOMICILLARY |
| 1G | CONTRACT CNH (UNDER VA AUSPICES) |
| 1H | COMMUNITY NURSING HOME NOT UNDER VA AUSPICES |
| 1J | GOVNT(NON FED) MENTAL HOSP NOT UNDER VA AUSPICES |
| 1K | ALL OTHER NON VA HOSP NOT UNDER VA AUSPICES |
| 1L | STATE HOME (DOM OR NHC) |
| 1M | OTHER DIRECT |
| 1P | OUTPATIENT TREATMENT |
| 1R | RESEARCH - VETERAN |
| 1S | RESEARCH NON-VETERAN |
| 1T | OBSERVATION AND EXAMINATION |
| 2A | NON-VETERAN OTHER THAN MILITARY |
| 2B | MILITARY PERS NOT DIRECTLY FROM MILT HOSP |
| 2C | MILITARY PERS BY TRANSFER FROM A MILT HOSP |
| 3A | TRANSFER IN FROM ANOTHER VA HOSPITAL |
| 3B | TRANSFER IN FROM OTH FED HOSP UNDER VA AUSEP |
| 3C | TRANS IN FROM ANY OTHER NON-VA HOSP UNDER VA AUSEP |
| 3D | TRANS FROM VAMC TO MILITARY FAC. UNDER VA AUSEP |
| 3E | TRANS FROM VAH-VAH-CONT HOS SINCE 7/1/86 OR PRIOR |
| 4A | FROM VA HOSPITAL |
| 4B | FROM VA HOSPITAL ON NON-BED-CARE |
| 4C | FROM VA NURSING HOME CARE UNIT |
| 4D | FROM ANOTHER VA DOM |
| 4E | TRANS FROM DOM-DOM-CONT DOM SINCE 7/1/86 OR PRIOR |
| 4F | FROM COMMUNITY HOSPITAL UNDER VA AUSPICES |
| 4G | FROM COMMUNITY HOSPITAL NOT UNDER VA AUSPICES |
| 4H | FROM COMMUNITY NURSING HOME UNDER VA AUSPICES |
| 4J | FROM COMMUNITY NURSING HOME NOT UNDER VA AUSPICES |
| 4K | FROM STATE HOME DOM |
| 4L | FROM STATE NURSING HOME CARE |
| 4M | FROM MILITARY HOSP |
| 4N | FROM OTHER FEDERAL HOSP UNDER VA AUSEP |

TABLE 0023 ADMIT SOURCE, cont.

| Value | Description |
|-------|--|
| 4P | FROM OTHER FEDERAL HOSP NOT UNDER VA AUSPICES |
| 4Q | FROM OTHER GOV HOSP(NON FED) NOT UNDER VA AUSP |
| 4R | OTHER GOVERNMENT HOSP(NON FED) UNDER VA AUSPICES |
| 4S | REFERRED BY OUTPATIENT CLINIC |
| 4T | REFERRED BY WELFARE AGENCY(LOCAL OR REGIONAL) |
| 4U | REFERRED BY NATIONAL SERV ORGAN (LOCAL OR REG) |
| 4W | SELF-WALKIN |
| 4Y | ALL OTHER SOURCES, UNKNOWN OR NO INFO |
| 5A | VA MEDICAL CENTER |
| 5B | NON-VA HOSPITAL UNDER VA AUSPICES |
| 5C | VA DOMICILLARY |
| 5D | TRANS FROM NHCN-NHCN-CONT NH SINCE 7/1/86 OR PRIOR |
| 5E | TRANSFER IN FROM ANOTHER VA NHCN |
| 5F | TRANSFER IN FROM COMMUNITY HOME UNDER VA AUSPICES |
| 5G | DIRECT ADMISSION FROM ALL OTHER SOURCES |
| 6A | DIRECT ADMISSION FROM A VA HOSPITAL |
| 6B | TRANSFER IN FROM A VA NHCN |
| 6C | TRANS IN FROM ANOTHER CNH UNDER VA AUSPICES |
| 6D | DIRECT ADMISSION FROM ALL OTHER SOURCES |
| 7B | DIRECT ADM OF ACTIVE DUTY PERS FROM MILT HOSP |

TABLE 0052 DIAGNOSIS/DRG TYPE

| Value | Description |
|-------|-------------|
| AD | ADMIT |
| WK | WORKING |
| DC | DISCHARGE |
| FI | FINAL |

TABLE 0112 DISCHARGE DISPOSITION

| Value | Description |
|-------|----------------------------------|
| 1 | AUTH ABSENCE 96 HOURS OR LESS |
| 2 | AUTHORIZED ABSENCE |
| 3 | UNAUTHORIZED ABSENCE |
| 4 | INTERWARD TRANSFER |
| 5 | CHECK-IN LODGER |
| 6 | CHECK-IN LODGER (OTHER FACILITY) |
| 7 | CHECK-OUT LODGER |
| 8 | AMBULATORY CARE (OPT-AC) |
| 9 | TRANSFER IN |
| 10 | TRANSFER OUT |
| 11 | NON-SERVICE CONNECTED (OPT-NSC) |
| 12 | DEATH |
| 13 | TO ASIH (VAH) |

TABLE 0112 DISCHARGE DISPOSITION, cont.

| Value | Description |
|-------|---|
| 14 | FROM ASIH (VAH) |
| 15 | DIRECT |
| 16 | REGULAR |
| 17 | IRREGULAR |
| 18 | READMISSION TO NHC/DOMICILIARY |
| 20 | PROVIDER/SPECIALTY CHANGE |
| 21 | OPT-SC |
| 22 | FROM UNAUTHORIZED ABSENCE |
| 23 | FROM AUTH. ABSENCE OF 96 HOURS OR LESS |
| 24 | FROM AUTHORIZED ABSENCE |
| 25 | FROM AUTHORIZED TO UNAUTHORIZED ABSENCE |
| 26 | FROM UNAUTHORIZED TO AUTHORIZED ABSENCE |
| 27 | NON-BED CARE |
| 28 | NON-SERVICE CONNECTED (OPT-NSC) |
| 29 | PRE-BED CARE (OPT-PBC) |
| 30 | NON-VETERAN (OPT-NVE) |
| 31 | TO NHC FROM HOSP |
| 32 | TO DOM FROM HOSP |
| 33 | TO NHC FROM DOM |
| 34 | DISCHARGE TO CNH |
| 35 | VA NHC TO CNH |
| 36 | WAITING LIST |
| 37 | NON-VETERAN |
| 38 | DEATH WITH AUTOPSY |
| 39 | OPT-SC |
| 40 | TO ASIH |
| 41 | FROM ASIH |
| 42 | WHILE ASIH |
| 43 | TO ASIH (OTHER FACILITY) |
| 44 | RESUME ASIH IN PARENT FACILITY |
| 45 | CHANGE ASIH LOCATION (OTHER FACILITY) |
| 46 | CONTINUED ASIH (OTHER FACILITY) |
| 47 | DISCHARGE FROM NHC/DOM WHILE ASIH |

TABLE 0113 DISCHARGED TO LOCATION

| Value | Description |
|-------|---|
| 0 | VA MEDICAL CENTER |
| 1 | MILITARY HOSPITAL |
| 2 | OTHER FEDERAL HOSPITAL |
| 3 | OTHER GOVERNMENT HOSPITAL |
| 4 | COMMUNITY HOSPITAL |
| 5 | VA NURSING HOME CARE UNIT (NHC) |
| 7 | COMMUNITY NURSING HOME |
| 9 | NURSING CARE CONT AT SAME NURSING HOME |
| A | NURSE CARE CONTD ANOTHER COMM NURS HOME |
| B | STATE HOME |
| C | VA DOMICILLARY |

TABLE 0113 DISCHARGED TO LOCATION, cont.

Value Description

| | |
|---|--|
| D | STATE HOME |
| F | FOSTER HOME |
| G | HALFWAY HOUSE |
| H | BOARDING HOUSE |
| J | PENAL INSTITUTION |
| K | RESIDENTIAL HOTEL/RESIDENT (IE YMCA) |
| L | OTHER PLACEMENT/UNKNOWN (NOT SPECIFIED) |
| P | HOSPITAL BASED HOME CARE - VACO APP ONLY |
| R | SPINAL CORD INJURY - VACO APPROVED ONLY |
| T | RESPIRE CARE |
| U | HOSPICE CARE |
| X | RETURN TO COMMUNITY-INDEPENDENT |

TABLE 0079 HOSPITAL SERVICE

Table 0079 was updated by patch DG*5.3*64.

The following table will be used when Patient Class equals I (for inpatient).

| Value | Description | Effective Date | Active |
|-------|-------------------------------|----------------|--------|
| 1 | ALLERGY | 10/1/50 | Yes |
| 2 | CARDIOLOGY | 10/1/50 | Yes |
| 3 | PULMONARY, TUBERCULOSIS | 10/1/50 | Yes |
| 4 | PULMONARY, NON-TB | 10/1/50 | Yes |
| 5 | GERONTOLOGY | 10/1/50 | Yes |
| 6 | DERMATOLOGY | 10/1/50 | Yes |
| 7 | ENDOCRINOLOGY | 10/1/50 | Yes |
| 8 | GASTROENTEROLOGY | 10/1/50 | Yes |
| 9 | HEMATOLOGY/ONCOLOGY | 10/1/50 | Yes |
| 10 | NEUROLOGY | 10/1/50 | Yes |
| 11 | EPILEPSY CENTER | 10/1/50 | Yes |
| 12 | MEDICAL ICU/CCU | 10/1/50 | Yes |
| 14 | METABOLIC | 10/1/50 | Yes |
| 15 | GENERAL(ACUTE MEDICINE) | 10/1/50 | Yes |
| 16 | CARDIAC - STEP DOWN UNIT | 10/1/50 | Yes |
| 17 | TELEMETRY | 10/1/50 | Yes |
| 19 | STROKE UNIT | 10/1/50 | Yes |
| 20 | REHABILITATION MEDICINE | 10/1/50 | Yes |
| 21 | BLIND REHAB | 10/1/50 | Yes |
| 22 | SPINAL CORD INJURY | 10/1/50 | Yes |
| 25 | PSYCH RESID REHAB TRMT PROG | 10/1/50 | Yes |
| 26 | PTSD RESIDENTIAL REHAB PROG | 10/1/50 | Yes |
| 27 | SUBSTANCE ABUSE RES TRMT PROG | 10/1/50 | Yes |
| 28 | HOMELESS CWT/TRANS RESID | 10/1/50 | Yes |
| 29 | SUBST ABUSE CWT/TRANS RESID | 10/1/50 | Yes |
| 31 | GEM ACUTE MEDICINE | 10/1/50 | Yes |
| 32 | GEM INTERMEDIATE CARE | 10/1/50 | Yes |

TABLE 0079 HOSPITAL SERVICE, cont.

| Value | Description | Effective Date | Active |
|-------|---------------------------------|----------------|--------|
| 33 | GEM PSYCHIATRIC BEDS | 10/1/50 | Yes |
| 34 | GEM NEUROLOGY | 10/1/50 | Yes |
| 35 | GEM REHABILITATION MEDICINE | 10/1/50 | Yes |
| 40 | INTERMEDIATE MEDICINE | 10/1/50 | Yes |
| 50 | GENERAL SURGERY | 10/1/50 | Yes |
| 51 | GYNECOLOGY | 10/1/50 | Yes |
| 52 | NEUROSURGERY | 10/1/50 | Yes |
| 53 | OPHTHALMOLOGY | 10/1/50 | Yes |
| 54 | ORTHOPEDIC | 10/1/50 | Yes |
| 55 | OTORHINOLARYNGOLOGY | 10/1/50 | Yes |
| 56 | PLASTIC SURG, INC HEAD/NECK | 10/1/50 | Yes |
| 57 | PROCTOLOGY | 10/1/50 | Yes |
| 58 | THORACIC SURGERY, INC CARDIAC | 10/1/50 | Yes |
| 59 | UROLOGY | 10/1/50 | Yes |
| 60 | ORAL SURGERY | 10/1/50 | Yes |
| 61 | PODIATRY | 10/1/50 | Yes |
| 62 | PERIPHERAL VASCULAR | 10/1/50 | Yes |
| 63 | SURGICAL ICU | 10/1/50 | Yes |
| 70 | ACUTE PSYCHIATRY (<45 DAYS) | 10/1/50 | Yes |
| | | 10/1/95 | No |
| 71 | LONG TERM PSYCHIATRY (>45 DAYS) | 10/1/50 | Yes |
| | | 10/1/95 | No |
| 72 | ALCOHOL DEPENDENCE TRMT UNIT | 10/1/50 | Yes |
| 73 | DRUG DEPENDENCE TRMT UNIT | 10/1/50 | Yes |
| 74 | SUBSTANCE ABUSE TRMT UNIT | 10/1/50 | Yes |
| 75 | HALFWAY HOUSE | 10/1/50 | Yes |
| 76 | PSYCHIATRIC MENTALLY INFIRM | 10/1/50 | Yes |
| 77 | PRRTP | 10/1/50 | Yes |
| | | 10/1/95 | No |
| 79 | SIPU (SPEC INPT PTSD UNIT) | 10/1/50 | Yes |
| 80 | NHCU | 10/1/50 | Yes |
| 81 | GEM NURSING HOME | 10/1/50 | Yes |
| 83 | RESPITE CARE | 10/1/50 | Yes |
| 84 | SUBSTANCE ABUSE INTERMED CARE | 10/1/50 | Yes |
| 85 | DOMICILIARY | 10/1/50 | Yes |
| 86 | DOMICILIARY SUBSTANCE ABUSE | 10/1/50 | Yes |
| 87 | GEM DOMICILIARY | 10/1/50 | Yes |
| 88 | DOMICILIARY PTSD | 10/1/50 | Yes |
| 89 | STAR I, II & III | 10/1/50 | Yes |
| 90 | SUBST ABUSE STAR I, II & III | 10/1/50 | Yes |
| 91 | EVAL/BRF TRMT PTSD UNIT (EBPTU) | 10/1/50 | Yes |
| 92 | GEN INTERMEDIATE PSYCH | 10/1/50 | Yes |
| 93 | HIGH INTENSITY GEN PSYCH INPAT | 10/1/50 | Yes |
| 98 | NON-DOD BEDS IN VA FACILITY | 10/1/50 | Yes |
| 99 | DOD BEDS IN VA FACILITY | 10/1/50 | Yes |

TABLE 0079 HOSPITAL SERVICE, cont.

The following table will be used when Patient Class equals O (for outpatient).

| Value | Description | Inactive Date |
|-------|----------------------------------|---------------|
| 101 | EMERGENCY UNIT | |
| 102 | ADMITTING/SCREENING | |
| 103 | TELEPHONE TRIAGE | |
| 104 | PULMONARY FUNCTION | |
| 105 | X-RAY | |
| 106 | EEG | |
| 107 | EKG | |
| 108 | LABORATORY | |
| 109 | NUCLEAR MEDICINE | |
| 110 | CARDIOVASCULAR NUCLEAR MED | |
| 111 | ONCOLOGICAL NUCLEAR MED | |
| 112 | INFECTIOUS DISEASE NUCLEAR MED | |
| 113 | RADIONUCLIDE TREATMENT | |
| 114 | SING PHOTON EMISS TOMOGRAPHY | |
| 115 | ULTRASOUND | |
| 117 | NURSING | |
| 118 | HOME TREATMENT SERVICES | |
| 119 | COMM NURSING HOME FOLLOW-UP | |
| 120 | HEALTH SCREENING | |
| 121 | RESID CARE PROGRAM FOLLOW-UP | |
| 122 | PUBLIC HEALTH NURSING | |
| 123 | NUTRITION/DIETETICS - INDIVIDUAL | |
| 124 | NUTRITION/DIETETICS - GROUP | |
| 125 | SOCIAL WORK SERVICE | |
| 126 | EVOKED POTENTIAL | |
| 127 | TOPOGRAPHICAL BRAIN MONITORING | |
| 128 | PROLONGED VIDEO-EEG MONITORING | |
| 129 | HYPERTENSION SCREENING | Oct 1, 1991 |
| 130 | CHOLESTEROL SCREENING | Oct 1, 1991 |
| 131 | BREAST CANCER SCREENING | Oct 1, 1991 |
| 132 | MAMMOGRAM | Oct 1, 1991 |
| 133 | CERVICAL CANCER SCREENING | Oct 1, 1991 |
| 134 | PAP TEST | Oct 1, 1991 |
| 135 | COLORECTAL CANCER SCREENING | Oct 1, 1991 |
| 136 | FOBT - GUIAC SCREENING | Oct 1, 1991 |
| 137 | ALCOHOL COUNSELING - MED CARE | Oct 1, 1991 |
| 138 | SMOKING CESSATION | Oct 1, 1991 |
| 139 | WEIGHT CONTROL | Oct 1, 1991 |
| 140 | PHYS FITNESS/EXERCISE COUNSEL | Oct 1, 1991 |
| 141 | VET IMMUNIZATION | Oct 1, 1991 |
| 142 | COLORECTAL CA SCREEN DIG EXAM | Oct 1, 1991 |
| 143 | PERSIAN GULF READJUST COUNSEL | Jan 1, 1988 |
| 144 | RADIONUCLIDE THERAPY | |
| 145 | PHARM/PHYSIO NMP STUDIES | |
| 146 | PET | |
| 147 | TELEPHONE/ANCILLARY | |
| 148 | TELEPHONE/DIAGNOSTIC | |

TABLE 0079 HOSPITAL SERVICE, cont.

| Value | Description | Inactive Date |
|-------|--------------------------------|---------------|
| 149 | RADIATION THERAPY TREATMENT | |
| 150 | COMPUTERIZED TOMOGRAPHY (CT) | |
| 151 | MAGNETIC RESONANCE IMAGING/MRI | |
| 152 | ANGIOGRAM CATHETERIZATION | |
| 153 | INTERVENTIONAL RADIOGRAPHY | |
| 160 | CLINICAL PHARMACY | |
| 165 | BEREAVEMENT COUNSELING | |
| 166 | CHAPLAIN SERVICE - INDIVIDUAL | |
| 167 | CHAPLAIN SERVICE - GROUP | |
| 168 | CHAPLAIN SERVICE - COLLATERAL | |
| 169 | TELEPHONE/CHAPLAIN | |
| 170 | HBHC - PHYSICIAN | |
| 171 | HBHC - RN/RNP/PA | |
| 172 | HBHC - NURSE EXTENDER | |
| 173 | HBHC - SOCIAL WORKER | |
| 174 | HBHC - THERAPIST | |
| 175 | HBHC - DIETITIAN | |
| 176 | HBHC - CLINICAL PHARMACIST | |
| 177 | HBHC - OTHER | |
| 178 | HBHC/TELEPHONE | |
| 180 | DENTAL | |
| 181 | TELEPHONE/DENTAL | |
| 190 | ADULT DAY HEALTH CARE | |
| 201 | PHYSICAL MED & REHAB SVC | |
| 202 | RECREATION THERAPY SERVICE | |
| 203 | AUDIOLOGY | |
| 204 | SPEECH PATHOLOGY | |
| 205 | PHYSICAL THERAPY | |
| 206 | OCCUPATIONAL THERAPY | |
| 207 | PM&RS INCENTIVE THERAPY | |
| 208 | PM&RS COMPENSATED WORK THERAPY | |
| 209 | VIST COORDINATOR | |
| 210 | SPINAL CORD INJURY | |
| 211 | AMPUTATION FOLLOW-UP CLINIC | |
| 212 | EMG | |
| 213 | PM&RS VOCATIONAL ASSISTANCE | |
| 214 | KINESIOTHERAPY | |
| 215 | SCI HOME CARE PROGRAM | |
| 216 | TELEPHONE/REHAB AND SUPPORT | |
| 301 | GENERAL INTERNAL MEDICINE | |
| 302 | ALLERGY IMMUNOLOGY | |
| 303 | CARDIOLOGY | |
| 304 | DERMATOLOGY | |
| 305 | ENDO./METAB(EXCEPT DIABETES) | |
| 306 | DIABETES | |
| 307 | GASTROENTEROLOGY | |
| 308 | HEMATOLOGY | |
| 309 | HYPERTENSION | |
| 310 | INFECTIOUS DISEASE | |

TABLE 0079 HOSPITAL SERVICE, cont.

| Value | Description | Inactive Date |
|-------|---------------------------------|---------------|
| 311 | PACEMAKER | |
| 312 | PUL./CHEST | |
| 313 | RENAL/NEPHROL (EXCEPT DIALYSIS) | |
| 314 | RHEUMATOLOGY/ARTHRITIS | |
| 315 | NEUROLOGY | |
| 316 | ONCOLOGY/TUMOR | |
| 317 | COUMADIN CLINIC | |
| 318 | GERIATRIC CLINIC | |
| 319 | GERIATRIC EVAL. & MGMT. (GEM) | |
| 320 | ALZHEIMER'S/DEMENTIA CLINIC | |
| 321 | GI ENDOCSCOPY | |
| 322 | WOMEN'S CLINIC | |
| 323 | PRIMARY CARE/MEDICINE | |
| 324 | TELEPHONE/MEDICINE | |
| 325 | TELEPHONE/NEUROLOGY | |
| 326 | TELEPHONE/GERIATRICS | |
| 327 | MED PHY PRFMG INVASIVE OR PROC | |
| 328 | MEDICAL DAY UNIT MSDU | |
| 329 | AMBULATORY CARE PROCEDURE UNIT | |
| 330 | CHEMOTHERAPY PROC. UNIT-MED. | |
| 331 | PRE-BED CARE MD (MEDICINE) | |
| 332 | PRE-BED CARE RN (MEDICINE) | |
| 401 | GENERAL SURGERY | |
| 402 | CARDIAC SURGERY | |
| 403 | ENT | |
| 404 | GYNECOLOGY | |
| 405 | HAND SURGERY | |
| 406 | NEUROSURGERY | |
| 407 | OPHTHALMOLOGY | |
| 408 | OPTOMETRY | |
| 409 | ORTHOPEDICS | |
| 410 | PLASTIC SURGERY | |
| 411 | PODIATRY | |
| 412 | PROCTOLOGY | |
| 413 | THORACIC SURGERY | |
| 414 | UROLOGY | |
| 415 | VASCULAR SURGERY | |
| 416 | AMBULATORY SURGERY OFFICE | |
| 417 | PROSTHETICS/ORTHOTICS | |
| 418 | AMPUTATION CLINIC | |
| 419 | ANESTHESIA PRE-OP CONSULT | |
| 420 | PAIN CLINIC | |
| 421 | VASCULAR LABORATORY | |
| 422 | CAST CLINIC | |
| 423 | PROSTHETIC SERVICES | |
| 424 | TELEPHONE/SURGERY | |
| 425 | TELEPHONE/PROSTHETICS/ORTHOTIC | |
| 426 | WOMEN SURGERY | |
| 427 | PRIMARY CARE/SURGERY | |

TABLE 0079 HOSPITAL SERVICE, cont.

| Value | Description | Inactive Date |
|-------|--------------------------------|---------------|
| 428 | TELEPHONE/OPTOMETRY | |
| 429 | AMB. CARE OR SURG. OP SURG. RM | |
| 430 | CYSTO ROOM UNIT FOR OUTPATIENT | |
| 431 | CHEMOTHERAPY PROC. UNIT-SURG. | |
| 432 | PRE-BED CARE MD (SURGERY) | |
| 433 | PRE-BED CARE RN (SURGERY) | |
| 501 | HOMELESS MENTALLY ILL OUTREACH | Oct 1, 1994 |
| 502 | MENTAL HYGIENE - INDIVIDUAL | |
| 503 | RESIDENTIAL CARE - INDIVIDUAL | |
| 504 | IPCC MEDICAL CENTER VISIT | |
| 505 | DAY TREATMENT - INDIVIDUAL | |
| 506 | DAY HOSPITAL - INDIVIDUAL | |
| 507 | DRUG DEPENDENCE - INDIVIDUAL | |
| 508 | ALCOHOL TREATMENT - INDIVIDUAL | |
| 509 | PSYCHIATRY - INDIVIDUAL | |
| 510 | PSYCHOLOGY - INDIVIDUAL | |
| 511 | NEUROBEHAVIORAL - INDIVIDUAL | Oct 1, 1993 |
| 513 | SUBSTANCE ABUSE - INDIVIDUAL | |
| 514 | SUBSTANCE ABUSE - HOME VISIT | |
| 515 | CWT/TR-HCMI | |
| 516 | PTSD - GROUP | |
| 517 | CWT SUBSTANCE ABUSE | |
| 518 | CWT/TR - SUBSTANCE ABUSE | |
| 519 | SUBSTANCE USE DISORDER (SUPS) | Aug 30, 1991 |
| 520 | LONG-TERM ENHANCEMENT, INDIVID | |
| 521 | LONG-TERM ENHANCEMENT, GROUP | |
| 522 | HUD/VASH | Oct 1, 1991 |
| 523 | METHADONE MAINTENANCE | |
| 524 | SEXUAL TRAUMA COUNSELING | |
| 525 | WOMEN'S STRESS DISORDER TEAMS | |
| 526 | TELEPHONE/SPECIAL PSYCHIATRY | |
| 527 | TELEPHONE/GENERAL PSYCHIATRY | |
| 528 | TELE/HOMELESS MENTALLY ILL | |
| 529 | HCHV/HMI | |
| 530 | TELEPHONE/HUD-VASH | |
| 531 | PRIMARY CARE/GENERAL PSY | |
| 540 | PCT POST-TRAUMATIC STRESS | Jan 1, 1987 |
| 541 | PTSD POST-TRAUMATIC STRESS | Jan 1, 1991 |
| 542 | TELEPHONE/PTSD | |
| 543 | TELEPHONE/ALCOHOL DEPENDENCE | Oct 1, 1994 |
| 544 | TELEPHONE/DRUG DEPENDENCE | Oct 1, 1994 |
| 545 | TELEPHONE/SUBSTANCE ABUSE | |
| 546 | TELEPHONE/IPCC | |
| 550 | MENTAL HEALTH CLINIC - GROUP | |
| 551 | IPCC COMM CLN/DAY PROGRAM VST | |
| 552 | IPCC COMMUNITY VISIT | |
| 553 | DAY TREATMENT - GROUP | |
| 554 | DAY HOSPITAL - GROUP | |
| 555 | DRUG DEPENDENCE - GROUP | |

TABLE 0079 HOSPITAL SERVICE, cont.

| Value | Description | Inactive Date |
|-------|---------------------------------|---------------|
| 556 | ALCOHOL TREATMENT - GROUP | |
| 557 | PSYCHIATRY - GROUP | |
| 558 | PSYCHOLOGY - GROUP | |
| 559 | NEUROBEHAVIORAL - GROUP | Oct 1, 1993 |
| 560 | SUBSTANCE ABUSE - GROUP | |
| 562 | PTSD - INDIVIDUAL | |
| 563 | PRIMARY CARE/SPEC. PSY. | |
| 571 | READJUSTMENT COUNSELING - INDIV | Jan 31, 1994 |
| 572 | READJUSTMENT COUNSELING - GROUP | Jan 31, 1994 |
| 573 | INCENTIVE THERAPY | |
| 574 | COMPENSATED WORK THERAPY | |
| 575 | VOCATIONAL ASSISTANCE | |
| 576 | PSYCHOGERIATRIC-INDIVIDUAL | |
| 577 | PSYCHOGERIATRIC CLINIC-GROUP | |
| 578 | PSYCHOGERIATRIC DAY PROGRAM | |
| 579 | TELEPHONE/GERIATRIC PSYCHIATRY | |
| 601 | ACUTE HEMODIAL TREATMENT | Oct 1, 1990 |
| 602 | CHRON ASSISTED HEMODIAL TREAT | |
| 603 | LIM SELF CARE HEMODIAL TREAT | |
| 604 | HOME HEMODIAL TRAINING TREAT | |
| 605 | ACUTE PERITONEAL DIAL TREAT | Oct 1, 1990 |
| 606 | CHRON ASSISTED PERIT DIALYSIS | |
| 607 | LIM SELF CARE PERIT DIALYSIS | |
| 608 | HOME PERITONEAL DIAL TRAINING | |
| 611 | TELEPHONE/DIALYSIS | |
| 701 | HYPERTENSION SCREENING | |
| 702 | CHOLESTEROL SCREENING | |
| 703 | MAMMOGRAM | |
| 704 | PAP TEST | |
| 705 | FOBT - GUIAC SCREENING | |
| 706 | ALCOHOL SCREENING | |
| 707 | SMOKING CESSATION | |
| 708 | NUTRITION SCREENING | |
| 709 | PHY FIT/EXERCISE COUNSELING | |
| 710 | VET INFLUENZA IMMUNIZATION | |
| 711 | INJURY COUNSEL/SEAT BELT USAGE | |
| 725 | DOMICILIARY OUTREACH SERVICES | |
| 726 | DOM AFTERCARE - COMMUNITY | |
| 727 | DOMICILIARY AFTERCARE - VA | |
| 728 | DOM ADM SCREENING SERVICES | |
| 729 | TELEPHONE/DOMICILIARY | |
| 900 | SPECIAL SERVICES | |
| 902 | COMPUTED TOMOGRAPHY SCANS | Apr 1, 1989 |
| 903 | RADIATION THERAPY | Apr 1, 1989 |
| 904 | CHEMOTHERAPY | Mar 1, 1989 |
| 905 | AMBULATORY SURGERY SERVICES | Apr 1, 1989 |
| 906 | BLOOD/BLOOD PRODUCTS TRANS. | Apr 1, 1989 |
| 907 | NUCLEAR MAGNETIC RESONANCE | Apr 1, 1989 |
| 999 | EMPLOYEE HEALTH | |

TABLE VA04 ELIGIBILITY CODE

This is a DHCP defined table. The data is stored in the ELIGIBILITY CODE file (#8).

| Value | Description |
|-------|-------------------------------|
| 1 | SERVICE CONNECTED 50% TO 100% |
| 2 | AID & ATTENDANCE |
| 3 | SC LESS THAN 50% |
| 4 | NSC, VA PENSION |
| 5 | NSC |
| 6 | OTHER FEDERAL AGENCY |
| 7 | ALLIED VETERAN |
| 8 | HUMANITARIAN EMERGENCY |
| 9 | SHARING AGREEMENT |
| 10 | REIMBURSABLE INSURANCE |
| 11 | DOM. PATIENT |
| 12 | CHAMPVA |
| 13 | COLLATERAL OF VET. |
| 14 | EMPLOYEE |
| 15 | HOUSEBOUND |
| 16 | MEXICAN BORDER WAR |
| 17 | WORLD WAR I |
| 18 | PRISONER OF WAR |

TABLE VA10 VA ADMITTING REGULATIONS

This is a DHCP defined table whose data is stored in the VA ADMITTING REGULATION file (#43.4).

| Value | Description |
|-------|---|
| 1 | ACTIVE PSYCHOSIS 17.33 |
| 2 | ACTIVE SERVICE 17.46(b) |
| 3 | ALLIED VETERANS 17.46(b) |
| 4 | AO/IR/EC EXPOSURE 17.47(a)(5) |
| 5 | CATEGORY A INCOME VETERANS 17.47(a)(7) |
| 6 | CATEGORY C INCOME VETERANS 17.47(d) |
| 7 | CHAMPVA 17.54 |
| 8 | COMMUNITY NURSING HOME CARE 17.51 |
| 9 | CZECH AND POLISH VETERANS 17.55 |
| 10 | DISCHARGED FOR DISABILITY 17.47(a)(2) |
| 11 | DOMICILIARY CARE 17.47(e)(1) |
| 12 | ELIGIBLE FOR STATE MEDICAID 17.48(d)(1)(i) |
| 13 | EMERGENCY FOR PUBLIC 17.46(c)(1) |
| 14 | FEE SVC FOR MB, WWI, A&A, HB 17.50b(a)(2)(iii) |
| 15 | FEE SVC FOR OPT/NSC 17.50b(a)(2)(ii) |
| 16 | FEE SVC FOR VETS 50% OR MORE 17.50b(a)(2)(i) |
| 17 | FORMER PRISONER OF WAR 17.47(a)(4) |
| 18 | HOSP/NH IN PHILLIPINES (NON VA) 17.38 |
| 19 | IN RECEIPT OF VA PENSION 17.47(a)(7) |
| 20 | INELIGIBLE/PRESUMED DISCHARGE 17.46(c)(2) |
| 21 | NON-VA (AK, HA, VI, TERR) 17.50b(a)(6) |
| 22 | NON-VA (DISABILITY DISCHARGED) 17.50b(a)(1)(ii) |

TABLE VA10 VA ADMITTING REGULATIONS, cont.

| Value | Description |
|-------|---|
| 23 | NON-VA (P&T DISABILITY) 17.50b(a)(1)(iii) |
| 24 | NON-VA EMERGENCY (WHILE IN VA) 17.50b(a)(3) |
| 25 | NON-VA FOR ADJUNCT CONDITION 17.50b(a)(1)(iv) |
| 26 | NON-VA FOR FEMALE VETERANS 17.50b(a)(4) |
| 27 | NON-VA FOR SC DISABILITY 17.50b (a)(1)(i) |
| 28 | NON-VA FOR VOCATIONAL REHAB 17.50b(a)(1)(v) |
| 29 | NON-VA/UNAUTH FOR SC COND 17.80(a)(1) |
| 30 | NON-VA EMERG DURING AUTH TRAVEL 17.50b(a)(8) |
| 31 | NON-VA INDEP VA OPT CLINICS 17.50b(a)(9) |
| 32 | NON-VA/UNAUTH (ADJUNCT COND) 17.80(a)(2) |
| 33 | NON-VA/UNAUTH (P&T DISABILITY) 17.80(a)(3) |
| 34 | OBSERVATION & EXAMINATION 17.45 |
| 35 | OPT DENTAL (POW>90 DAYS) 17.50(a)(7) |
| 36 | OTHER FEDERAL AGENCIES 17.46(b) |
| 37 | PRESUMPTION OF SC 17.35(b) |
| 38 | RECEIPT/ELIGIBLE 38 USC 1151 17.47(a)(3) |
| 39 | RESEARCH PATIENTS - VETERANS 17.47Z |
| 40 | RESEARCH VOLUNTEERS (NONVET) 17.46(c) |
| 41 | SAW, MB, & WWI 17.47(a)(6) |
| 42 | SC VET FOR ANY CONDITION 17.47(a)(1) |
| 43 | SHARING AGREEMENT 17.46(d) |
| 44 | STATE NH, DOM OR HOSP 17.1666d |
| 45 | VA EMPLOYEES/FAMILY 17.46(c)(3) |
| 46 | VOCATIONAL REHABILITATION 17.80 (a)(4) |

4. TRANSACTION SPECIFICATIONS

4.1 General

The flow of transactions between the DHCP system and the RCPs may occur in two ways.

A. The DHCP system will send ADT event type HL7 messages to the RCP system whenever an admission, discharge, or transfer event occurs or when the PTF record for an inpatient episode is transmitted, and ORU observation result type HL7 messages whenever an outpatient episode is transmitted.

B. The RCP system will send a query type HL7 message to the DHCP system or the DHCP system may send a query to the RCP system. (**Note:** This functionality has not yet been implemented.)

4.2 Specific Transactions

A. Admit a Patient (Event Code A01) or Cancel Admit (Event Code A11)

When a patient is admitted, an ADT Message (ADT) with event code A01 is sent from the DHCP system to the RCP system. If an admission is cancelled, an event code A11 is sent. These ADT messages would consist of the following segments.

| ADT | ADT MESSAGE |
|-----|--|
| BHS | Batch Header |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| ZEL | Patient Eligibility |
| NK1 | Next of Kin |
| PV1 | Patient Visit |
| PV2 | Patient Visit - additional information |
| BTS | Batch Trailer |

EXAMPLE

```

BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112202359^^~D~ADT~2.1^^12345
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112202359^^ADT~A01^12345-1^P^2.1
EVN^A01^19911220100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^^^
NK1^" "
PV1^^I^15~E200~2^^^^3333~DOE~JOHN^^10^^^^1D^^^^4500^^^^^^^^^^^^^^^^500 ^^
^^19911220100020
PV2^^~~~19~VA10~LOCAL
BTS^1

```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

EXAMPLE

```

BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112202359^^~D~ACK~2.1^AA^54321^12345
BTS^0

```

B. Transfer (Event Code A02) or Cancel Transfer (Event Code A12)

When a patient is transferred and their location or treating specialty changes, an ADT Message with event code A02 is sent from the DHCP system to the RCP system. If a transfer is cancelled, an event code A12 is sent. These ADT messages would consist of the following segments.

ADT ADT MESSAGE

BHS Batch Header
 MSH Message Header
 EVN Event Type
 PID Patient Identification
 ZEL Patient Eligibility
 PV1 Patient Visit
 BTS Batch Trailer

EXAMPLE

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112212359^^~D~ADT~2.1^^12346
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112212359^^ADT~A02^12346-1^P^2.1
EVN^A02^19911221100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^^^
PV1^^^I^20~W120~1^^^^4444~JONES~SAM^^^12^^^^^^^^4600^^^^^^^^^^^^500^^^^^
19911220100020
BTS^1
```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

EXAMPLE

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112220002^^~D~ACK~2.1^AA^54322^12346
BTS^0
```

C. Discharge (Event A03) or Cancel Discharge (Event Code A13)

When a patient is discharged, an ADT Message with event code A03 is sent from the DHCP system to the RCP system. If a discharge is cancelled, an event code A13 is sent. These ADT messages would consist of the following segments.

ADT ADT MESSAGE

BHS Batch Header
 MSH Message Header
 EVN Event Type
 PID Patient Identification
 ZEL Patient Eligibility
 PV1 Patient Visit
 BTS Batch Trailer

EXAMPLE

```

BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112222359^^~D~ADT~2.1^^12347
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112222359^^ADT~A03^12347-1^P^2.1
EVN^A03^19911222100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^
PV1^^I^^^^^^^^^^^^^^^^4696^^^^^^^^^^^^^^^^1^^500^^^^19911220100020
BTS^1

```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

EXAMPLE

```

BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112230002^^~D~ACK~2.1^AA^54323^12347
BTS^0

```

D. Update Patient Information (Event Code A08)

When a patient's PTF record is closed out, an ADT Message with event code A08 is sent from the DHCP system to the RCP system. The ADT message would consist of the following segments.

| ADT | ADT MESSAGE |
|-----|------------------------|
| BHS | Batch Header |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| ZEL | Patient Eligibility |
| NK1 | Next of Kin |
| PV1 | Patient Visit |
| DG1 | Diagnosis |
| BTS | Batch Trailer |

EXAMPLE

```

BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112232359^^~D~ADT~2.1^^12348
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112232359^^ADT~A08^12348-1^P^2.1
EVN^A08^19911223100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^
NK1^""
PV1^^I^20~W120~1^^^^3333~DOE~JOHN^^12^^^^1D^^^^4699^^^^^^^^^^^^^^^^X^^500^^^^
^19911220100020
DG1^0001^I9^580.89^^FI
DG1^0002^I9^579.8^^FI
BTS^1

```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

EXAMPLE

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112240002^^~D~ACK~2.1^AA^54324^12348
BTS^0
```

E. Outpatient Episode

When an outpatient episode of care or a cancellation of an outpatient episode of care occurs, an ORU message is sent from the DHCP system to the RCP system. These ORU messages would consist of the following segments.

ORU OBSERVATION RESULTS UNSOLICITED

| | |
|-----|------------------------|
| BHS | Batch Header |
| MSH | Message Header |
| PID | Patient Identification |
| PV1 | Patient Visit |
| ZEL | Patient Eligibility |
| ORC | Common Order |
| OBR | Observation Report |
| OBX | Result |
| BTS | Batch Trailer |

EXAMPLE

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199307012359^^~D~ORU~2.1^^12349
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199307012359^^ORU~R01^12349-1^P^2.1
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
PV1^^O^"^^^^3333~DOE~JOHN^^12^^^^^^^^^^^^121212^^^^^^^^^^^^^^^^^^^^500
ZEL^1^2^^^^^^^^^^^^
ORC^NW
OBR^^^^12345^^199306300901^"^^"^^^^^^"^^^^^^^^^^199307010000
OBX^1^CE^770.0~CONGENITAL PNEUMONIA~I9^^"
OBX^2^CE^71015~CHEST X-RAY~AS4^^"
BTS^1
```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

EXAMPLE

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199307020002^^~D~ACK~2.1^54325^12349
BTS^0
```

F. Query Messages

To be defined.

Appendix E - HL7 Interface Specification for the Transmission of Ambulatory Care Data

1. INTRODUCTION

This interface specification specifies the information needed for Ambulatory Care data reporting. This data exchange will be triggered by specific outpatient events that relate to workload credit in DHCP.

The basic communication protocol will be addressed, as well as the information that will be made available and how it will be obtained.

General

This application will use the abstract message approach and encoding rules specified by HL7. HL7 is used for communicating data associated with various events which occur in healthcare environments.

For example, when a check out occurs in DHCP, the event will trigger an update patient information message. This message is an unsolicited transaction to all external systems interfacing with DHCP.

The formats of these messages conform to the Version 2.2 HL7 Interface Standards where applicable. HL7 custom message formats ("Z" segments) are used only when necessary.

Assumptions

Assumptions have been made at the beginning of this project in order to help define the scope and meet the initial needs in interfacing with the Austin Automation Center (AAC).

Message Content

The data sent in the HL7 messages will be limited to the information that can be processed by the AAC, with the exception of the PID and ZPD segments, which will be populated using the nationally supported DHCP call. The data sent will also be limited to what is available in DHCP.

In order to capture the most information, specific outpatient events will generate messages to the AAC systems. This is not intended to cover all possible outpatient events, only those events which may result in the capture of workload information and data needed to update the National Patient Care Database (NPCDB). The mode for capturing data for outpatient events was chosen to capture as much of the data as possible. (See 1.2.2 Data Capture and Transmission for further information on the mode for capturing the outpatient events.)

Data Capture and Transmission

When AICS, PIMS, and PCE options or calls are used to update specific outpatient encounter data in DHCP, these events and changes will be captured. Any changes made to the DHCP database in non-standard ways, such as a direct global set by an application or by MUMPS code will not be captured.

Background Messages

A nightly background job will be sending HL7 messages for each outpatient encounter event for the day.

Batch Messages

Batch messages will be used to transmit the outpatient encounter events.

Batch Acknowledgments

Each batch message sent will be acknowledged at the application level. The batch acknowledgment will contain acknowledgment messages only for those messages containing errors. Using this mode, it is possible that an empty batch acknowledgment will be sent. This will happen only when all messages in the batch being acknowledged were accepted.

VA MailMan Lower Level Protocol

HL7 V. 1.6 of the VA MailMan lower level protocol (LLP) will be used. This version of the VA MailMan LLP differs from HL7 V. 1.5 in that a blank line is placed between each segment in the message [denoting a carriage return].

2. HL7 CONTROL SEGMENTS

This section defines the HL7 control segments supported by DHCP. The messages are presented separately and defined by category. Segments are also described. The messages are presented in the following categories:

- Message Control
- Unsolicited Transactions from DHCP (Section 3)

Message Definitions

From the DHCP perspective, all incoming or outgoing messages are handled or generated based on an event.

In this section, and the following sections, these elements will be defined for each message:

- The trigger events
- The message event code
- A list of segments used in the message
- A list of fields for each segment in the message

Each message is composed of segments. Segments contain logical groupings of data. Segments may be optional or repeatable. A [] indicates the segment is optional, the { } indicates the segment is repeatable. For each message category there will be a list of HL7 standard segments or "Z" segments used for the message.

Segment Table Definitions

For each segment, the data elements are described in table format. The table includes the sequence number (SEQ), maximum length (LEN), data type (DT), required or optional (R/O), repeatable (RP/#), the table number (TBL #), the element name, and the DHCP description. Each segment is described in the following sections.

Message Control Segments

This section describes the message control segments which are contained in message types described in this document. These are generic descriptions. Any time any of the segments described in this section are included in a message in this document, the DHCP descriptions and mappings will be as specified here, unless otherwise specified in that section.

| | |
|-----|------------------------|
| MSH | Message Header |
| MSA | Message Acknowledgment |

MHS Message Header Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|--------------|---------------------------------|---|
| 1 | 1 | ST | R | | | Field Separator | Recommended value is ^ (caret) |
| 2 | 4 | ST | R | | | Encoding Characters | Recommended delimiter values: Component = ~ (tilde) Repeat = (bar) Escape = \ (back slash) Subcomponent = & (ampersand) |
| 3 | 15 | ST | | | | Sending Application | When originating from facility: AMBCARE-DHCP When originating from NPCDB: NPCD-AAC |
| 4 | 20 | ST | | | | Sending Facility | When originating from facility: Station's facility number When originating from NPCDB: 200 |
| 5 | 30 | ST | | | | Receiving Application | Not used |
| 6 | 30 | ST | | | | Receiving Facility | Not used |
| 7 | 26 | TS | | | | Date/Time Of Message | Date and time message was created |
| 8 | 40 | ST | | | | Security | Not used |
| 9 | 7 | CM | R | | 0076 0003 | Message Type | 2 Components: Component 1: <i>Refer to Table 0076</i> Component 2: <i>Refer to Table 0003</i> |
| 10 | 20 | ST | R | | | Message Control ID | Automatically generated by DHCP HL7 Package |
| 11 | 1 | ID | R | | 0103 | Processing ID | P (production) |
| 12 | 8 | ID | R | | 0104 | Version ID | 2.2 (Version 2.2) |
| 13 | 15 | NM | | | | Sequence Number | Not used |
| 14 | 180 | ST | | | | Continuation Pointer | Not used |
| 15 | 2 | ID | | | 0155 | Accept Acknowledgment Type | NE (never acknowledge) |
| 16 | 2 | ID | | | 0155 | Application Acknowledgment Type | AL (always acknowledge) |
| 17 | 2 | ID | | | | Country Code | Not used |

BHS Batch Header Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|------|-----------------------------|---|
| 1 | 1 | ST | R | | | Batch Field Separator | Recommended value is ^ (caret) |
| 2 | 4 | ST | R | | | Batch Encoding Characters | Recommended delimiter values: Component = ~ (tilde) Repeat = (bar) Escape = \ (back slash) Subcomponent = & (ampersand) |
| 3 | 15 | ST | | | | Batch Sending Application | When originating from facility: AMBCARE-DHCP When originating from NPCDB: NPCD-AAC |
| 4 | 20 | ST | | | | Batch Sending Facility | When originating from facility: Station's facility number When originating from NPCDB: 200 |
| 5 | 15 | ST | | | | Batch Receiving Application | When originating from facility: NPCD-AAC When originating from NPCDB: AMBCARE-DHCP |
| 6 | 20 | ST | | | | Batch Receiving Facility | When originating from facility: 200 When originating from NPCDB: Station's facility number |
| 7 | 26 | TS | | | | Batch Creation Date/Time | Date and time batch message was created |
| 8 | 40 | ST | | | | Batch Security | Not used |
| 9 | 20 | ST | | | | Batch Name/ID/Type | 4 Components ⁴ : Component 1: Not used Component 2: P Component 3: ADT Z00 Component 4: 2.2 |
| 10 | 80 | ST | | | | Batch Comment | 2 Components ⁵ : Component 1: <i>Refer to Table 0008</i> Component 2: Text Message |
| 11 | 20 | ST | | | | Batch Control ID | Automatically generated by DHCP HL7 Package |
| 12 | 20 | ST | | | | Reference Batch Control ID | Batch Control ID of batch message being acknowledged |

⁴ The DHCP HL7 package has placed special meaning on this field.

⁵ The DHCP HL7 package has placed special meaning on this field. Note that this field is only used with batch acknowledgments.

BTS Batch Trailer Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|------|---------------------|---------------------------------|
| 1 | 10 | ST | | | 0093 | Batch Message Count | Number of messages within batch |
| 2 | 80 | ST | | | 0094 | Batch Comment | Not used |
| 3 | 100 | CM | | Y | 0095 | Batch Totals | Not used |

MSA Message Acknowledgment Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|-------------|-----------------------------|---|
| 1 | 2 | ID | R | | 0008 | Acknowledgment Code | <i>Refer to Table 0008</i> |
| 2 | 20 | ST | R | | | Message Control ID | Message Control ID of message being acknowledged |
| 3 | 80 | ST | | | NPCD 001 | Text Message | Repetitive list of error codes denoting why the message was rejected ⁶ |
| 4 | 15 | NM | | | | Expected Sequence Number | Not used |
| 5 | 1 | ID | | | 0102 | Delayed Acknowledgment Type | Not used |
| 6 | 100 | CE | | | | Error Condition | Not used |

EVN Event Type Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|------|-------------------------|----------------------------|
| 1 | 3 | ID | R | | 0003 | Event Type Code | <i>Refer to Table 0003</i> |
| 2 | 26 | TS | R | | | Date/Time of Event | Date/Time Event Occurred |
| 3 | 26 | TS | | | | Date/Time Planned Event | Not used |
| 4 | 3 | ID | | | 0062 | Event Reason Code | Not used |
| 5 | 60 | CN | | | 0188 | Operator ID | Not used |

⁶ Special meaning placed on this field to support multiple rejection reasons by the National Patient Care Database (NPCDB).

PID Patient Identification Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----------------|----|-----|------|------|----------------------------|---|
| 1 | 4 | SI | | | | Set ID - Patient ID | Sequential Number |
| 2 | 17 ⁷ | CK | | | | Patient ID (External ID) | Primary Long ID |
| 3 | 21 ⁸ | CM | R | Y | | Patient ID (Internal ID) | Pointer to entry in PATIENT file |
| 4 | 12 | ST | | | | Alternate Patient ID | Primary Short ID |
| 5 | 48 | PN | R | | | Patient Name | Name |
| 6 | 30 | ST | | | | Mother's Maiden Name | Mother's maiden name |
| 7 | 26 | TS | | | | Date of Birth | Date of birth |
| 8 | 1 | ID | | | 0001 | Sex | Refer to Table 0001 |
| 9 | 48 | PN | | Y | | Patient Alias | Alias |
| 10 | 1 | ID | | | VA07 | Race | Race |
| 11 | 106 | AD | | Y | | Patient Address | Address |
| 12 | 4 | ID | | | | County Code | VA County Code |
| 13 | 40 | TN | | Y | | Phone Number - Home | Phone number (residence) |
| 14 | 40 | TN | | Y | | Phone Number - Business | Phone number (work) |
| 15 | 25 | ST | | | | Language - Patient | Not used |
| 16 | 1 | ID | | | 0002 | Marital Status | Refer to Table 0002 |
| 17 | 3 | ID | | | VA08 | Religion | Religion |
| 18 | 20 | CK | | | | Patient Account Number | Not used |
| 19 | 16 | ST | | | | SSN Number - Patient | Social security number and pseudo indicator |
| 20 | 25 | CM | | | | Driver's Lic Num - Patient | Not used |
| 21 | 20 | CK | | | | Mother's Identifier | Not used |
| 22 | 1 | ID | | | 0189 | Ethnic Group | Not used |
| 23 | 25 | ST | | | | Birth Place | Not used |
| 24 | 2 | ID | | | | Multiple Birth Indicator | Not used |
| 25 | 2 | NM | | | | Birth Order | Not used |
| 26 | 3 | ID | | Y | 0171 | Citizenship | Not used |
| 27 | 60 | CE | | | 0172 | Veterans Military Status | Not used |

ZPD VA-Specific Patient Information Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|------|---------------------------|
| 1 | 4 | SI | R | | | SET ID - PATIENT ID |
| 2 | 60 | ST | | | | REMARKS |
| 3 | 20 | ST | | | | PLACE OF BIRTH CITY |
| 4 | 2 | ST | | | | PLACE OF BIRTH STATE |
| 5 | 2 | ID | | | VA02 | CURRENT MEANS TEST STATUS |
| 6 | 35 | ST | | | | FATHER'S NAME |
| 7 | 35 | ST | | | | MOTHER'S NAME |
| 8 | 1 | ID | | | VA01 | RATED INCOMPETENT |
| 9 | 19 | TS | | | | DATE OF DEATH |
| 10 | 48 | PN | | | | COLLATERAL SPONSOR |
| 11 | 1 | ID | | | VA01 | ACTIVE HEALTH INSURANCE? |
| 12 | 1 | ID | | | VA01 | COVERED BY MEDICAID? |
| 13 | 19 | TS | | | | DATE MEDICAID LAST ASKED |
| 14 | 1 | ID | | | VA07 | RACE ⁹ |
| 15 | 3 | ID | | | VA08 | RELIGION ¹⁰ |
| 16 | 1 | ID | | | VA01 | HOMELESS INDICATOR |
| 17 | 1 | ID | | | | POW STATUS INDICATED? |
| 18 | 2 | ID | | | VA12 | TYPE OF INSURANCE |

⁷ According to the HL7 standard, the maximum length of this element is 16.⁸ According to the HL7 standard, the maximum length of this element is 20.⁹ This element is also found in the Patient Identification (PID) segment.¹⁰ This element is also found in the Patient Identification (PID) segment.

PV1 Patient Visit Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----------------|----|-----|------|------|---------------------------|---|
| 1 | 4 | SI | | | | Set ID - Patient Visit | Sequential Number |
| 2 | 1 | ID | R | | 0004 | Patient Class | This will always be O (outpatient) |
| 3 | 12 | CM | | | | Assigned Patient Location | Not used |
| 4 | 4 | ID | | | 0007 | Admission Type | Refer to Table SD009 (Purpose of Visit) |
| 5 | 20 | ST | | | | Preadmit Number | Not used |
| 6 | 12 | CM | | | | Prior Patient Location | Not used |
| 7 | 60 | CN | | | 0010 | Attending Doctor | Not used |
| 8 | 60 | CN | | | 0010 | Referring Doctor | Not used |
| 9 | 60 | CN | | Y | 0010 | Consulting Doctor | Not used |
| 10 | 3 | ID | | | 0069 | Hospital Service | Not used |
| 11 | 12 | CM | | | | Temporary Location | Not used |
| 12 | 2 | ID | | | 0087 | Preadmit Test Indicator | Not used |
| 13 | 2 | ID | | | 0092 | Readmission Indicator | Not used |
| 14 | 3 | ID | | | 0023 | Admit Source | Refer to Table 0023 (Location of Visit) |
| 15 | 2 | ID | | Y | 0009 | Ambulatory Status | Not used |
| 16 | 2 | ID | | | 0099 | VIP Indicator | Not used |
| 17 | 60 | CN | | | 0010 | Admitting Doctor | Not used |
| 18 | 2 | ID | | | 0018 | Patient Type | Not used |
| 19 | 15 | NM | | | | Visit Number | Pointer to entry in OUTPATIENT ENCOUNTER file (#409.68) |
| 20 | 50 | CM | | Y | 0064 | Financial Class | Not used |
| 21 | 2 | ID | | | 0032 | Charge Price Indicator | Not used |
| 22 | 2 | ID | | | 0045 | Courtesy Code | Not used |
| 23 | 2 | ID | | | 0046 | Credit Rating | Not used |
| 24 | 2 | ID | | Y | 0044 | Contract Code | Not used |
| 25 | 8 | DT | | Y | | Contract Effective Date | Not used |
| 26 | 12 | NM | | Y | | Contract Amount | Not used |
| 27 | 3 | NM | | Y | | Contract Period | Not used |
| 28 | 2 | ID | | | 0073 | Interest Code | Not used |
| 29 | 1 | ID | | | 0110 | Transfer to Bad Debt Code | Not used |
| 30 | 8 | DT | | | | Transfer to Bad Debt Date | Not used |
| 31 | 10 | ID | | | 0021 | Bad Debt Agency Code | Not used |
| 32 | 12 | NM | | | | Bad Debt Transfer Amount | Not used |
| 33 | 12 | NM | | | | Bad Debt Recovery Amount | Not used |
| 34 | 1 | ID | | | 0111 | Delete Account Indicator | Not used |
| 35 | 8 | DT | | | | Delete Account Date | Not used |
| 36 | 3 | ID | | | 0112 | Discharge Disposition | Not used |
| 37 | 25 | CM | | | 0113 | Discharged to Location | Not used |
| 38 | 2 | ID | | | 0114 | Diet Type | Not used |
| 39 | 7 ¹¹ | ID | | | 0115 | Servicing Facility | Facility number and suffix |
| 40 | 1 | ID | | | 0116 | Bed Status | Not used |
| 41 | 2 | ID | | | 0117 | Account Status | Not used |
| 42 | 12 | CM | | | | Pending Location | Not used |
| 43 | 12 | CM | | | | Prior Temporary Location | Not used |
| 44 | 26 | TS | | | | Admit Date/Time | Date/time of encounter |
| 45 | 26 | TS | | | | Discharge Date/Time | Not used |
| 46 | 12 | NM | | | | Current Patient Balance | Not used |
| 47 | 12 | NM | | | | Total Charges | Not used |
| 48 | 12 | NM | | | | Total Adjustments | Not used |
| 49 | 12 | NM | | | | Total Payments | Not used |
| 50 | 20 | CM | | | | Alternate Visit ID | Unique Identifier (PCE) |

¹¹ According to the HL7 standard, the maximum length of this element is 2.

DG1 Diagnosis Information Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|------|---------------------------|--|
| 1 | 4 | SI | R | | | Set ID - Diagnosis | Sequential Number |
| 2 | 2 | ID | R | | 0053 | Diagnosis Coding Method | This will always be 19 (ICD9-CM) |
| 3 | 8 | ID | | | 0051 | Diagnosis Code | Diagnosis code from Outpatient Diagnosis (and ICD Diagnosis) files <i>Refer to Table 0051 for sample listing of possible values</i> |
| 4 | 40 | ST | | | | Diagnosis Description | Corresponding diagnosis description from ICD Diagnosis file <i>Refer to Table 0051 for sample listing of possible values</i> |
| 5 | 26 | TS | | | | Diagnosis Date/Time | Date/time of encounter |
| 6 | 2 | ID | | | 0052 | Diagnosis Type | Not used |
| 7 | 60 | CE | | | 0118 | Major Diagnostic Category | Not used |
| 8 | 4 | ID | | | 0055 | Diagnostic Related Group | Not used |
| 9 | 2 | ID | | | | DRG Approval Indicator | Not used |
| 10 | 2 | ID | | | 0056 | DRG Grouper Review Code | Not used |
| 11 | 60 | CE | | | 0083 | Outlier Type | Not used |
| 12 | 3 | NM | | | | Outlier Days | Not used |
| 13 | 12 | NM | | | | Outlier Cost | Not used |
| 14 | 4 | ST | | | | Grouper Version And Type | Not used |
| 15 | 2 | NM | | | | Diagnosis Priority | Will contain 1 if this is the primary diagnosis for the episode |
| 16 | 60 | CN | | | | Diagnosing Clinician | Not used |

PR1 Procedure Information Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | ELEMENT NAME | DHCP DESCRIPTION |
|-----|-----|----|-----|------|--------------|-------------------------|---|
| 1 | 4 | SI | R | | | Set ID - Procedure | Sequential Number |
| 2 | 2 | ID | R | | 0089 | Procedure Coding Method | This will always be C4 (CPT-4) |
| 3 | 10 | ID | R | | 0088 | Procedure Code | Procedure code from Ambulatory Procedure file (#409.71) <i>Refer to Table 0088 for sample listing of possible values</i> |
| 4 | 40 | ST | | | | Procedure Description | Corresponding procedure description from CPT file (#81) <i>Refer to Table 0088 for sample listing of possible values</i> |
| 5 | 26 | TS | | | | Procedure Date/Time | Not used |
| 6 | 2 | ID | | | 0090 | Procedure Type | Not used |
| 7 | 4 | NM | | | | Procedure Minutes | Not used |
| 8 | 60 | CN | | | | Anesthesiologist | Not used |
| 9 | 2 | ID | | | 0019 | Anesthesia Code | Not used |
| 10 | 4 | NM | | | | Anesthesia Minutes | Not used |
| 11 | 60 | CN | | | | Surgeon | Not used |
| 12 | 60 | CM | | Y | 0010 0133 | Procedure Practitioner | Provider occupation code ¹² Component 1: Not used Component 2: Not used Component 3: Not used Component 4: Not used Component 5: Not used Component 6: Not used Component 7: Not used Component 8: Not used Component 9: <i>Refer to Table 0133</i> |
| 13 | 2 | ID | | | 0059 | Consent Code | Not used |
| 14 | 2 | NM | | | | Procedure Priority | Not used |

¹² Linking of providers to specific procedures is not currently possible. Because of this limitation, every procedure for the encounter will contain every provider associated with the encounter.

ZEL VA-Specific Patient Eligibility Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|------|---------------------------------|
| 1 | 4 | SI | R | | | SET ID |
| 2 | 2 | ID | | | VA04 | ELIGIBILITY CODE |
| 3 | 16 | CK | | | | LONG ID |
| 4 | 12 | ST | | | | SHORT ID |
| 5 | 1 | ID | | | VA05 | DISABILITY RETIREMENT FROM MIL. |
| 6 | 8 | NM | | | | CLAIM FOLDER NUMBER |
| 7 | 40 | ST | | | | CLAIM FOLDER LOCATION |
| 8 | 1 | ID | | | VA01 | VETERAN? |
| 9 | 30 | ST | | | | TYPE OF PATIENT |
| 10 | 1 | ID | | | VA06 | ELIGIBILITY STATUS |
| 11 | 8 | DT | | | | ELIGIBILITY STATUS DATE |
| 12 | 8 | DT | | | | ELIGIBILITY INTERIM RESPONSE |
| 13 | 50 | ST | | | | ELIGIBILITY VERIFICATION METHOD |

ZIR VA-Specific Income Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|------|------------------------------|
| 1 | 4 | SI | R | | | SET ID |
| 2 | 1 | ID | | | VA01 | MARRIED LAST CALENDAR YEAR |
| 3 | 1 | ID | | | VA01 | LIVED WITH PATIENT |
| 4 | 8 | NM | | | | AMOUNT CONTRIBUTED TO SPOUSE |
| 5 | 1 | ID | | | VA01 | DEPENDENT CHILDREN |
| 6 | 1 | ID | | | VA01 | INCAPABLE OF SELF-SUPPORT |
| 7 | 1 | ID | | | VA01 | CONTRIBUTED TO SUPPORT |
| 8 | 1 | ID | | | VA01 | CHILD HAD INCOME |
| 9 | 1 | ID | | | VA01 | INCOME AVAILABLE TO YOU |
| 10 | 2 | NM | | | | NUMBER OF DEPENDENT CHILDREN |
| 11 | 2 | ST | | | | NUMBER OF DEPENDENTS |
| 12 | 10 | NM | | | | PATIENT INCOME |
| 13 | 2 | ID | | | VA10 | MEANS TEST INDICATOR |

ZCL VA-Specific Outpatient Classification Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|-------|--------------------------------|
| 1 | 4 | SI | R | | | SET ID |
| 2 | 2 | ID | R | | SD008 | OUTPATIENT CLASSIFICATION TYPE |
| 3 | 50 | ST | | | | VALUE |

ZSC VA-Specific Stop Code Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|-------|-----------------------------------|
| 1 | 4 | SI | R | | | SEQUENTIAL NUMBER |
| 2 | 4 | ID | R | | SD001 | STOP CODE |
| 3 | 30 | ST | | | SD001 | NAME |
| 4 | 1 | NM | | | | COST DISTRIBUTION CENTER |
| 5 | 1 | ID | | | | CURRENT EXEMPT. FR CLASSIFICATION |

ZSP VA-Specific Service Period Segment

| SEQ | LEN | DT | R/O | RP/# | TBL# | DHCP ELEMENT NAME |
|-----|-----|----|-----|------|------|------------------------------|
| 1 | 4 | SI | R | | | SET ID |
| 2 | 1 | ID | R | | VA01 | SERVICE CONNECTED? |
| 3 | 3 | NM | | | | SERVICE CONNECTED PERCENTAGE |
| 4 | 2 | ID | | | VA11 | PERIOD OF SERVICE |
| 5 | 1 | ST | | | | VIETNAM SERVICE INDICATED? |

3. PURPOSE

This section defines the HL7 message transactions that are necessary to support the outpatient database interface for the Austin Automation Center (AAC). These messages will use the generic HL7 format, so that they can be expanded later to support new interfaces at other facilities.

Trigger Events and Message Definitions

Each triggering event is listed below, along with the applicable form of the message to be exchanged. The notation used to describe the sequence, optionally, and repetition of segments is described in the HL7 Final Standard Manual, Chapter 2, Section 2.4.8, Chapter Formats for Defining Abstract Messages, and in summary form, in section 2.1 of this document.

Update Patient Information (A08)

The Outpatient Event Driver will be triggered under the following circumstances:

- When an outpatient appointment is checked out
- When a checked out outpatient appointment is edited
- When stop codes for an outpatient appointment are added or edited
- When an occasion of service is created

Taking advantage of the outpatient event driver, this will trigger an A08 message to be sent. The receiving system will replace any data that exists with the “new” data that is transmitted with this message.

| ADT | ADT Message | Section Number |
|-------------|---------------------------------------|-----------------------|
| MSH | Message Header | 2.3.1 |
| EVN | Event Type | 2.3.5 |
| PID | Patient Identification | 2.3.6 |
| ZPD | VA-Specific Patient Information | 2.3.7 |
| PV1 | Patient Visit | 2.3.8 |
| [{ DG1 }] | Diagnosis Information | 2.3.9 |
| { PR1 } | Procedure Information | 2.3.10 |
| ZEL | VA-Specific Eligibility Information | 2.3.11 |
| ZIR | VA-Specific Income | 2.3.12 |
| {ZCL} | VA-Specific Outpatient Classification | 2.3.13 |
| {ZSC} | VA-Specific Stop Code | 2.3.14 |
| ZSP | VA-Specific Service Period | 2.3.15 |

| ACK | General Acknowledgment Message | Section Number |
|------------|---------------------------------------|-----------------------|
| MSH | Message Header | 2.3.1 |
| MSA | Message Acknowledgment | 2.3.4 |

Delete a Patient Record (A23)

When a check out is deleted, this message instructs the receiver to delete the information for this patient’s visit.

| ADT | ADT Message | Section Number |
|------------|---------------------------------|-----------------------|
| MSH | Message Header | 2.3.1 |
| EVN | Event Type | 2.3.5 |
| PID | Patient Identification | 2.3.6 |
| ZPD | VA-Specific Patient Information | 2.3.7 |
| PV1 | Patient Visit | 2.3.8 |

| ACK | General Acknowledgment Message | Section Number |
|------------|---------------------------------------|-----------------------|
| MSH | Message Header | 2.3.1 |
| MSA | Message Acknowledgment | 2.3.4 |

4. SUPPORTED AND USER-DEFINED HL7 TABLES**Table 0001 - Sex**

| VALUE | DESCRIPTION |
|-------|-------------|
| F | FEMALE |
| M | MALE |
| O | OTHER |
| U | UNKNOWN |

Table 0002 - Marital Status

| VALUE | DESCRIPTION |
|-------|-------------|
| A | SEPARATED |
| D | DIVORCED |
| M | MARRIED |
| S | SINGLE |
| W | WIDOWED |

Table 0003 - Event Type Code

| VALUE | DESCRIPTION |
|-------|----------------------------|
| A08 | UPDATE PATIENT INFORMATION |
| A23 | DELETE PATIENT RECORD |

Table 0008 - Acknowledgment Code

| VALUE | DESCRIPTION |
|-------|--------------------------------------|
| AA | APPLICATION ACKNOWLEDGMENT: ACCEPT |
| AE | APPLICATION ACKNOWLEDGMENT: ERROR |
| AR | APPLICATION ACKNOWLEDGMENT: REJECT |
| CA | ACCEPT ACKNOWLEDGMENT: COMMIT ACCEPT |
| CE | ACCEPT ACKNOWLEDGMENT: COMMIT ERROR |
| CR | ACCEPT ACKNOWLEDGMENT: COMMIT REJECT |

Table 0023 - Admit Source (user defined)

Used for Location of Visit
Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|----------------|
| 1 | THIS FACILITY |
| 6 | OTHER FACILITY |

Table 0051 - Diagnosis Code (user defined)

Use ICD Diagnosis (#80) file, Code Number (.01) for value and Diagnosis (3) for Description

Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|--------------------------|
| 253.2 | PANHYPOPITUITARISM |
| 253.3 | PITUITARY DWARFISM |
| 253.4 | ANTER PITUITARY DIS NEC |
| 253.5 | DIABETES INSIPIDUS |
| 253.6 | NEUROHYPOPHYSIS DIS NEC |
| 253.7 | IATROGENIC PITUITARY DIS |
| 253.8 | DISEASES OF THYMUS NEC |
| 253.9 | PITUITARY DISORDER NOS |
| 254.1 | ABSCESS OF THYMUS |
| 254.8 | DISEASES OF THYMUS NEC |
| 254.9 | DISEASE OF THYMUS NOS |
| 255.1 | HYPERALDOSTERONISM |
| 255.2 | ADRENOGENITAL DISORDERS |

Table 0069 - Hospital Service (user defined)

Use Specialty file (#42.4), PTF Code (.001)

Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|------------------------|
| 2 | CARDIOLOGY |
| 6 | DERMATOLOGY |
| 7 | ENDOCRINOLOGY |
| 8 | GEM ACUTE MEDICINE |
| 12 | CORONARY CARE UNIT |
| 12 | EMERGENCY MEDICINE |
| 15 | GENERAL MEDICINE |
| 21 | BLIND REHAB |
| 31 | GEM INTERMEDIATE CARE |
| 55 | EVAL/BRF TRMT PTSD |
| 72 | ALCOHOL |
| 85 | DOM |
| 88 | DOMICILIARY PTSD |
| 91 | GASTROENTEROLOGY |
| 92 | GEN INTERMEDIATE PSYCH |

Table 0076 - Message Type

| VALUE | DESCRIPTION |
|-------|------------------------|
| ADT | ADT MESSAGE |
| ACK | GENERAL ACKNOWLEDGMENT |

Table 0088 - Procedure Code (user defined)

Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|--|
| 10141 | INCISION AND DRAINAGE OF HEMATOMA; COMPLICATED |
| | |

Table 0115 - Servicing Facility (user defined)

Sample listing of possible values

| VALUE | DESCRIPTION |
|---------|----------------------------|
| 512 9AC | Perry Point (Nursing Home) |
| | |

Table 0133 - Procedure Practitioner Type (user defined)

Sample listing of possible values

| VALUE | OCCUPATION | SPECIALTY | SUBSPECIALTY |
|---------|---|------------------------|-------------------------|
| V110000 | Physicians (M.D.) and Osteopaths (D.O.) | | |
| V110100 | Physicians (M.D.) and Osteopaths (D.O.) | Addiction Medicine | |
| V110300 | Physicians (M.D.) and Osteopaths (D.O.) | Allergy and Immunology | |
| V110301 | Physicians (M.D.) and Osteopaths (D.O.) | Allergy and Immunology | Clinical and Laboratory |
| V110200 | Physicians (M.D.) and Osteopaths (D.O.) | Allergy | |
| V110400 | Physicians (M.D.) and Osteopaths (D.O.) | Anesthesiology | |
| V110401 | Physicians (M.D.) and Osteopaths (D.O.) | Anesthesiology | Critical Care |
| V110402 | Physicians (M.D.) and Osteopaths (D.O.) | Anesthesiology | Pain Management |

Table SD001 - Service Indicator (Stop Code)

Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|--------------------------------|
| 104 | PULMONARY FUNCTION |
| 105 | X-RAY |
| 106 | EEG |
| 107 | EKG |
| 108 | LABORATORY |
| 109 | NUCLEAR MEDICINE |
| 110 | CARDIOVASCULAR NUCLEAR MED |
| 111 | ONCOLOGICAL NUCLEAR MED |
| 112 | INFECTIOUS DISEASE NUCLEAR MED |
| 113 | RADIONUCLIDE TREATMENT |
| 114 | SING PHOTON EMISS TOMOGRAPHY |
| 115 | ULTRASOUND |
| 117 | NURSING |
| 118 | HOME TREATMENT SERVICES |
| 119 | COMM NURSING HOME FOLLOW-UP |

Table SD008 - Outpatient Classification Type

| VALUE | DESCRIPTION |
|-------|----------------------------|
| 1 | AGENT ORANGE |
| 2 | IONIZING RADIATION |
| 3 | SERVICE CONNECTED |
| 4 | ENVIRONMENTAL CONTAMINANTS |

Table SD009 - Purpose of Visit

Value denotes a combination of Purpose of Visit & Appointment Type

| VALUE | PURPOSE OF VISIT | APPOINTMENT TYPE |
|-------|------------------|------------------------|
| 0101 | C&P | COMPENSATION & PENSION |
| 0102 | C&P | ORGAN DONORS |
| 0103 | C&P | CLASS II DENTAL |
| 0104 | C&P | EMPLOYEE |
| 0105 | C&P | PRIMA FACIA |
| 0106 | C&P | RESEARCH |
| 0107 | C&P | COLLATERAL OF VET. |
| 0108 | C&P | SHARING AGREEMENT |
| 0109 | C&P | REGULAR |
| 0201 | 10-10 | COMPENSATION & PENSION |
| 0202 | 10-10 | ORGAN DONORS |
| 0203 | 10-10 | CLASS II DENTAL |
| 0204 | 10-10 | EMPLOYEE |
| 0205 | 10-10 | PRIMA FACIA |
| 0206 | 10-10 | RESEARCH |
| 0207 | 10-10 | COLLATERAL OF VET. |
| 0208 | 10-10 | SHARING AGREEMENT |
| 0209 | 10-10 | REGULAR |
| 0301 | SCHEDULED VISIT | COMPENSATION & PENSION |
| 0302 | SCHEDULED VISIT | ORGAN DONORS |
| 0303 | SCHEDULED VISIT | CLASS II DENTAL |
| 0304 | SCHEDULED VISIT | EMPLOYEE |
| 0305 | SCHEDULED VISIT | PRIMA FACIA |
| 0306 | SCHEDULED VISIT | RESEARCH |
| 0307 | SCHEDULED VISIT | COLLATERAL OF VET. |
| 0308 | SCHEDULED VISIT | SHARING AGREEMENT |
| 0309 | SCHEDULED VISIT | REGULAR |
| 0401 | UNSCHED. VISIT | COMPENSATION & PENSION |
| 0402 | UNSCHED. VISIT | ORGAN DONORS |
| 0403 | UNSCHED. VISIT | CLASS II DENTAL |
| 0404 | UNSCHED. VISIT | EMPLOYEE |
| 0405 | UNSCHED. VISIT | PRIMA FACIA |
| 0406 | UNSCHED. VISIT | RESEARCH |
| 0407 | UNSCHED. VISIT | COLLATERAL OF VET. |
| 0408 | UNSCHED. VISIT | SHARING AGREEMENT |
| 0409 | UNSCHED. VISIT | REGULAR |

Table VA01 - Yes/No

| VALUE | DESCRIPTION |
|-------|-------------|
| 0 | NO |
| 1 | YES |

Table VA02 - Current Means Test Status

Type of Care (#.03) field of Means Test Status (#408.32) file

| VALUE | DESCRIPTION |
|-------|----------------|
| D | DISCRETIONARY |
| M | MANDATORY |
| N | NOT APPLICABLE |

Table VA04 - Eligibility

Name (#.01) field of MAS Eligibility Code (#8.1) file

| VALUE | DESCRIPTION |
|-------|-------------------------------|
| 1 | SERVICE CONNECTED 50% to 100% |
| 2 | AID & ATTENDANCE |
| 3 | SC LESS THAN 50% |
| 4 | NSC - VA PENSION |
| 5 | NSC |
| 6 | OTHER FEDERAL AGENCY |
| 7 | ALLIED VETERAN |
| 8 | HUMANITARIAN EMERGENCY |
| 9 | SHARING AGREEMENT |
| 10 | REIMBURSABLE INSURANCE |
| 12 | CHAMPVA |
| 13 | COLLATERAL OF VET. |
| 14 | EMPLOYEE |
| 15 | HOUSEBOUND |
| 16 | MEXICAN BORDER WAR |
| 17 | WORLD WAR I |
| 18 | PRISONER OF WAR |

Table VA05 - Disability Retirement From Military

Disability Ret. From Military? (#.362) field of Patient (#2) file

| VALUE | DESCRIPTION |
|-------|---|
| 0 | NO |
| 1 | YES, RECEIVING MILITARY RETIREMENT |
| 2 | YES, RECEIVING MILITARY RETIREMENT IN LIEU OF VA COMPENSATION |
| 3 | UNKNOWN |

Table VA06 - Eligibility Status

Eligibility Status (#.3611) field of Patient (#2) file

| VALUE | DESCRIPTION |
|-------|-------------------------|
| P | PENDING VERIFICATION |
| R | PENDING RE-VERIFICATION |
| V | VERIFIED |

Table VA07 - Race
Abbreviation (#2) field of Race (#10) file

| VALUE | DESCRIPTION |
|-------|----------------------------------|
| 1 | HISPANIC, WHITE |
| 2 | HISPANIC, BLACK |
| 3 | AMERICAN INDIAN OR ALASKA NATIVE |
| 4 | BLACK, NOT OF HISPANIC ORIGIN |
| 5 | ASIAN OR PACIFIC ISLANDER |
| 6 | WHITE, NOT OF HISPANIC ORIGIN |
| 7 | UNKNOWN |

Table VA08 - Religion
Code (#3) field of Religion (#13) file

| VALUE | DESCRIPTION |
|-------|---------------------------|
| 0 | CATHOLIC |
| 1 | JEWISH |
| 2 | EASTERN ORTHODOX |
| 3 | BAPTIST |
| 4 | METHODIST |
| 5 | LUTHERAN |
| 6 | PRESBYTERIAN |
| 7 | UNITED CHURCH OF CHRIST |
| 8 | EPISCOPALIAN |
| 9 | ADVENTIST |
| 10 | ASSEMBLY OF GOD |
| 11 | BRETHREN |
| 12 | CHRISTIAN SCIENTIST |
| 13 | CHURCH OF CHRIST |
| 14 | CHURCH OF GOD |
| 15 | DISCIPLES OF CHRIST |
| 16 | EVANGELICAL COVENANT |
| 17 | FRIENDS |
| 18 | JEHOVAH'S WITNESS |
| 19 | LATTER-DAY SAINTS |
| 20 | ISLAM |
| 21 | NAZARENE |
| 22 | OTHER |
| 23 | PENTECOSTAL |
| 24 | PROTESTANT, OTHER |
| 25 | PROTESTANT, NO PREFERENCE |
| 26 | REFORMED |
| 27 | SALVATION ARMY |
| 28 | UNITARIAN; UNIVERSALIST |
| 29 | UNKNOWN/NO PREFERENCE |
| 30 | NATIVE AMERICAN |
| 31 | BUDDHIST |

Table VA10 - Means Test Indicator

| VALUE | DESCRIPTION |
|-------|---|
| AS | This Means Test category includes service-connected veterans and special category veterans. Special category veterans include: Mexican Border War, Spanish American War, or World War I veterans; former Prisoners of War; and patients receiving care for conditions potentially related to exposure to either Agent Orange (Herbicides) or Ionizing Radiation. |
| AN | This Means Test category includes NSC veterans who are required to complete the VA Form 10-10F (Financial Worksheet) and NSC veterans in receipt of VA pension, aid and attendance, housebound allowance, or State Medicaid. |
| C | This Means Test category includes those veterans who, based on income and/or net worth, are required to reimburse VA for care rendered. This category also includes those pending adjudication. |
| N | This Means Test category includes only non-veterans receiving treatment at VA facilities. |
| X | This Means Test category includes treatment of patients who are not required to complete the Means Test for the care being provided. The veteran was admitted prior to July 1, 1986 with no change in the level of care being received, i.e., if the patient was in the Nursing Home Care Unit (NHCU) on July 1, 1986 and has remained in the NHCU since that date with no transfer to the hospital for treatment, the "X" Means Test indicator will be accepted. This category also includes patients seen for completion of a Compensation and Pension examination and Class II dental treatment. |
| U | This Means Test category includes only those patients who require a Means Test, and the Means Test has not been done/completed. The Austin Automation Center (AAC) will not accept a PTF transaction unless the Means Test has been completed. |

Table VA11 - Period of Service

| VALUE | DESCRIPTION |
|-------|----------------------------|
| 0 | KOREAN |
| 1 | WORLD WAR I |
| 2 | WORLD WAR II |
| 3 | SPANISH AMERICAN |
| 4 | PRE-KOREAN |
| 5 | POST-KOREAN |
| 6 | OPERATION DESERT SHIELD |
| 7 | VIETNAM ERA |
| 8 | POST-VIETNAM |
| 9 | OTHER OR NONE |
| A | ARMY - ACTIVE DUTY |
| B | NAVY, MARINE - ACTIVE DUTY |
| C | AIR FORCE - ACTIVE DUTY |
| D | COAST GUARD - ACTIVE DUTY |
| E | RETIRED, UNIFORMED FORCES |
| F | MEDICAL REMEDIAL ENLIST |
| G | MERCHANT SEAMEN - USPHS |
| H | OTHER USPHS BENEFICIARIES |
| I | OBSERVATION/EXAMINATION |
| J | OFFICE OF WORKERS COMP |
| K | JOB CORPS/PEACE CORPS |
| L | RAILROAD RETIREMENT |
| M | BENEFICIARIES-FOREIGN GOV |
| N | HUMANITARIAN (NON-VET) |
| O | CHAMPUS RESTORE |
| P | OTHER REIMBURS. (NON-VET) |
| Q | OTHER FEDERAL - DEPENDENT |
| R | DONORS (NON-VET) |
| S | SPECIAL STUDIES (NON-VET) |
| T | OTHER NON-VETERANS |
| U | CHAMPVA - SPOUSE, CHILD |
| V | CHAMPUS |
| W | CZECHOSLOVAKIA/POLAND SVC |
| X | PERSIAN GULF WAR |
| Y | CAV/NPS |
| Z | MERCHANT MARINE |

Table VA12 - Type of Insurance

| VALUE | DESCRIPTION |
|-------|-----------------------|
| 0 | NO INSURANCE |
| 1 | MAJOR MEDICAL |
| 2 | DENTAL |
| 3 | HMO |
| 4 | PPO |
| 5 | MEDICARE |
| 6 | MEDICAID |
| 7 | CHAMPUS |
| 8 | WORKMAN COMP |
| 9 | INDEMNITY |
| 10 | PRESCRIPTION |
| 11 | MEDICARE SUPPLEMENTAL |
| 12 | ALL OTHER |

Table NPCD 001 - National Patient Care Database Error Codes

Sample listing of possible values

| VALUE | DESCRIPTION |
|-------|--------------------|
| 100 | EVENT TYPE SEGMENT |
| 200 | PATIENT NAME |
| 205 | DATE OF BIRTH |
| 210 | SEX |
| 215 | RACE |

